

### **Mechanical Permit Application**

City of Beaverton Community Development Building Division 12725 SW Millikan Way PO Box 4755, Beaverton, OR 97076 Phone: (503) 526-2403 Fax: (503) 526-2550 www.BeavertonOregon.gov

OFFICE	USE ONLY
Date Received:	Permit No. 132019 - 4773
Date Issued:     (9) 20) 9	(8)
	Payment Type:

	TYPE OF WORK	
☐ New construction ☐ Demolition	Addition/alteration/	replacement
CA	TEGORY OF CONSTRU	CTION
☐ 1- and 2-family dwelling ☐ Multi-family	Cowd ∂  Commercial/indust  Master builder	rial Accessory building Other, Specify:
JOB SIT	E INFORMATION AND	LOCATION
Job site address: 100 H	13 S.W. Trap	per Ter.
	vector, OR	97008
Suite/bldg./apt. no.:		ot name: Mckenzie
Cross street/directions to job si	te:	
Subdivision:	Lot no	1.1
Tax map/parcel no.:		
, as maps par out 10s.	DESCRIPTION OF WO	RK
install ductle	ss heat pur	
☑ PROPERTY OV	VNER	☐ TENANT
Name: SUZA NNC	Wakenzie	.1
	S.W. Trapf	er Ter
City/State/ZIP: Beaver	, mark	
Phone: 503-381-5	·	
	etri @ yah	100. COM
	APPLICANT	
Business name: Pyraw	id Heating	- AMWYNIP
Contact name: Great	Douglass	
Address: 9409 A	I.e. colfax S	>†
City/State/ZIP:	and, Oe	97220
Phone: 503-786-95	22 Fax:	505-786-3432
E-mail: GDOVglass	CONTRACTOR	heating.com
Business name:	•	
Address:		
City/State/ZIP:		
Phone:	Fax:	
E-mail:		
CCB lic.: 59382	City o	r metro lic.:
Authorized signature:	3 Doyloo	
Print name: Greanous	lass	Date: \\\\ 8/2019

	Payment	Type:	
COMMERCIAL FEE SCHE	DULE -	USE CHECKLIST	
Mechanical permit fees are based on the value (rounded to the nearest dollar) of overhead, and profit.	all mechan	the work performed lical materials, equ lie on Page 2	ipment, labor,
	ue: \$0.00		
RESIDENTIAL EQUIPM	MENT/SY	STEMS FEES	
For special inform	ation use o	checklist.	
Description	Qty.	Ea.	Total
Heating/cooling **For Furnace, select>>	Over 100k	( BTU	
Furnace, incl. ductwork, vent, and liner **		54.91	
Air conditioner 1		46.75	
Heat pump 1		61.06	
Duct work, alterations and additions		23.32	
Hydronic piping system		23.32	
Boiler, incl. vent** Select One		0.00	
Gas heaters/unit in-wall, in-duct,		46.75	
suspended, etc. not incl. vent.		23.32	-
Other:		20.02	WILLIAM .
Other fuel appliances	T .	23.32	`
Water heater	-	33.39	
Gas fireplace/insert/stove		23.32	
Gas log/log lighter		23.32	
Pool or spa heater, kiln*		33.39	-
Wood/pellet stove/insert	1	33.39	
Wood fireplace	-	33.39	
Chimney/liner/flue/vent w/o appliance		23.32	
Oil tanks/gas/diesel generators	-	23.32	
Other:		20.02	
Environmental exhaust and ventilation	<u>n</u> 	33.39	******
Range hood/other kitchen equipment	<b></b>	33.39	***************************************
Clothes dryer exhaust Single-duct exhaust (bathrooms, toilet			
compartments, utility rooms)		23.32	
Attic/crawlspace fans		23.32	
Whole house ventilation or Radon mitigation		23.32	
Other:		23.32	
Fuel piping			
\$14.15 for first four; \$4.03 for each addit	ional		
Furnace	<u> </u>	#/outlets	Total # of
Wall/suspended/unit heater		#/outlets	fuel piping
Water heater		#/outlets	outlets:
Fireplace/log lighter/gas log		#/outlets	0
Range		#/outlets	Total cost for
Barbecue		#/outlets	fuel piping
Clothes dryer		#/outlets	outlets:
Other:		#/outlets	
CALCULATE MECHANICAL PERMIT F	EES		
	ubtotal	a, a, ar empra, marriage estimated (1000)	
Minimum pe	<u></u>		97.63
Check for Plan Review (25% of per			
State surcharge (12% of per			11.72
TOTAL PERM			\$109.35
This permit application expires if a p		ot obtained within	·

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

- 1 Site plan required for an outdoor unit.
- 2 Requires approval from Building Codes Division.





Print name: Carrie Wambold

## **Mechanical Permit Application**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFICE USE ONLY		
Date Received 11/8/2019	Permit No.: B2019-4658	
Date Issued:	BYA /	1
111512019	Payment Type:	

	TYPE OF WO	ORK		COMMERCI
☐ New construction ☐ Demoiltion	☑ Addition/alter ☐ Other, Speci	ration/replaceme fy:	)t	Mechanical permit fees to value (rounded to the ne overhead, and profit.
CAT	EGORY OF CON	STRUCTION		
☐ 1- and 2-family dwelling ☑ Multi-family	☑ Commercial/ ☑ Master builde		Accessory building Other, Specify:	RESIDE
JOB SITE	E INFORMATION	AND LOCATIO		Description
Job site address: 18300 N	Sanda sanan		Secure 6.5 media general construit à les gistign	Heating/cooling
	<del></del>			Furnace, Incl. ductwork, vi
city/State/ZIP: Beavert	on, OR 970	J06		Air conditioner
Suite/bldg./apt. no.:		Project name: (	as line	Heat pump  Duct work, alterations ar
Cross street/directions to job sit	e;			Hydronic piping system
				Boller, incl. vent**  Gas heaters/unit in-wall, suspended, etc. not incl
				Other:
Subdivision;		Lot no.:		Other fuel appliances
Tax map/parcel no.:				Water heater Gas fireplace/insert/stov
	DESCRIPTION OF	S IMMPLY		Gas log/log lighter
	- Company Common	2011/10/09/2011/09/24 15/25/25/25	daar aavt ta	Pool or spa heater, kiln*
Install up to 400 feet gas meter and riser coming fr	iine, instali rise om BBQ area.	r next to griii, Install trace t	vire. Hook up 1	Wood/pellet stove/inser
firenit and 2 BBOs				Wood fireplace
PROPERTY OW	MER	Ø	TENANT	Chimney/liner/flue/vent
Name: Jasper Place				Oll tanks/gas/diesel gen Other:
Address: 18300 NW V	Valker Rd.			Environmental exhaus
city/State/ZIP: Beaverto		<u> </u>		Range hood/other kitch
	11, 011 07 00			Clothes dryer exhaust Single-duct exhaust (ba
Phone: 5036451545		Fax:	<u> </u>	compartments, utility ro
E-mall:				Attic/crawispace fans Whole house ventilation
	APPLICAN	ji <sub>de de</sub> de de de		mitigation
Business name: Proline	Plumbing a	and Sewer	•	Other:
Contact name: Carrie Wa	ambold			Fuel piping \$14.16 for first four; \$4.
Address: 3214 NE 58t	h St	·		Furnace
City/State/ZIP: Vancouve		63		Wall/suspended/unit he
				Water heater
Phone: 877-376-2713		Fax:		Fireplace/log lighter/gas
E-mail: dispatch@pro	olineplumbii	ngandsew	er.com	Range Barbecue
	CONTRACTO	R		Clothes dryer
Business name: Proline F	Plumbing at	nd Sewer		Other:
Address: 3214 NE 58t	h St.			
City/State/ZIP: Vancouv	er, WA 986	63		
Phone: 877-376-2713		Fax:		Plan rev
E-mall: dispatch@pro	1	ngandsew	er.com	State surch
CCB IIc.: 211904		City or metro lic		This persit
	1-10 0	0.0		This permit applicati

value of th Il mechanic	TEMS FEES	Indicate the
ue \$ 550 ENT / SYS	al materials, equip 00 DEMS FEES	Indicate the
ENT / SYS	TEMS FEES	
ENT / SYS	TEMS FEES	
tion use ch		
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Q(J).	Ea.	Total
<del></del>	46.75	
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	20.02	
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	46.75	
	23.32	
	23.32	
	33.39	
	23.32	
	23.32	
	33.39	
	33.39	
	33.39	
	23.32	
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rmit fee	- <u></u>	97 63
	3 ional PERMIT F	23.32   33.39   23.32   23.3

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

- \* Site plan required for an outdoor unit
- \*\* State Building Codes Division's approval required
- ++ See Fee Schedule

Date: 11/7/19

Ea.

\$46.75

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

### **City Of Beaverton**

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00813

**FEE SCHEDULE** 

Approval Code: 214170 11/14/2019 10:07:33AM E-mailed To: chris@cleanenergycomfort.com

1

	TYPE OF WORK	FE
New Construction	✓ Addition/alteration/replacement	Description
CATEG	ORY OF CONSTRUCTION	Heating/Cooling Appliances
X 1 or 2 family dwelling	Multi-family Commercial Accessory	Furnace - up to 100,000 BTU
JØB SITE II	NFORMATION AND LOCATION	Minimum Fees
Job Address: 11720 SW BAKER	<u> </u>	Balance of permit fees
City/State/ZIP: BEAVERTON OR		Mechanical Permit Fees
	57000	State surcharge (12% of permit
Suite/bldg./apt.no.:		total)
Project Name:		TOTAL PERMIT FEE
Cross Street/directions to job site		
Tax map/parcel no.: 1S122BD	01400	
DE	SCRIPTION OF WORK	
Replace gas furnace		
	APPLICANT	
Name: Chris Romine		<u></u>
Phone: 5039826082	Fax:	
Email: chris@cleanenergycomfort	com	
	CONTRACTOR	
	CCB lic. no.: 193064	
Business Name: CLEAN ENERGY	COMFORT INC	
Contact:		
Address: 3816 RIVER RD N		
City/State/ZIP:, KEIZER OR 973	103	
Phone: 5033041320	Fax: 5033045009	
Email: chris@cleanenergycomfo	rt.com	
Metro lic. no.:	City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

# 日本の日 - 4子らし Residential Mechanical Authorization To Begin Work

05350-BMC-19-00814 Approval Code: 08648G 11/14/2019 11:09:55AM

<b>.</b>	City Of Beaverton
\(C	12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542 NEmail: cunderwood@beavertonoregon.gov
W/D	_Beaverton, OR 97076
11 Beavertor	Phone: 503-526-2542
OBEGO	<sup>N</sup> Email: cunderwood@beavertonoregon.gov

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TYPE OF	WORK	
New Construction		Addition/alt	eration/replacement
	CATEGORY OF C	ONSTRUCTION	
X 1 or 2 family dwelling	Multi-family	Commercial	Accessory
JOB	SITE INFORMAT	ION AND LOCA	TION
Job Address: 15170 SW	OPAL DR		
City/State/ZIP: BEAVERT	ON OR 97007		
Suite/bldg./apt.no.:			
Project Name:			
Cross Street/directions to	job site:		_
Tax map/parcel no.:	S129DC06000		
	DESCRIPTIO	N OF WORK	
Install wood stove. Install	gas moore.		
Name: Deavon Ruud		CANT	
		Fax: 5036205699	
Name: Deavon Ruud	APPL		
Name: Deavon Ruud Phone: 5036848535	APPL residedist.com		
Name: Deavon Ruud Phone: 5036848535	APPL residedist.com CONTR	Fax: 5036205699	
Name: Deavon Ruud Phone: 5036848535	APPL residedist.com CONTR	Fax: 5036205699 ACTOR CB lic, no.: 201593	
Name: Deavon Ruud Phone: 5036848535 Email: orders-retail-or@fi	APPL residedist.com CONTR	Fax: 5036205699 ACTOR CB lic, no.: 201593	
Name: Deavon Ruud Phone: 5036848535 Email: orders-retail-or@fi	APPL residedist.com CONTR CONTR CONTRACTING S	Fax: 5036205699 ACTOR CB lic, no.: 201593	
Name: Deavon Ruud  Phone: 5036848535  Email: orders-retail-or@fi  Business Name: FIRESIC  Contact:	APPL residedist.com CONTR CONTR CONTRACTING S DE CONTRACTING S	Fax: 5036205699 ACTOR CB lic, no.: 201593	
Name: Deavon Ruud Phone: 5036848535 Email: orders-retail-or@fi Business Name: FIRESIL Contact: Address: 18389 SW BOO	APPL residedist.com CONTR CONTR CONTRACTING S DE CONTRACTING S	Fax: 5036205699 ACTOR CB lic, no.: 201593	
Name: Deavon Ruud Phone: 5036848535 Email: orders-retail-or@fi Business Name: FIRESII Contact: Address: 18389 SW BOC City/State/ZIP: , PORTL	APPL residedist.com  CONTR  CONTR  CONTRACTING S  DIE CONTRACTING S  DIES FERRY RD  AND OR 97224	Fax: 5036205699 ACTOR CB lic. no.: 201593 ERVICES LLC	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SCI	HEDULE		
Description	Qty.	Ea.	Total
Other Fuel Burning Appliances			
Wood/pellet stove	1	\$33.39	\$33.39
Gas or wood fireplace/insert	1	\$33.39	\$33.39
Minimum Fees			
Balance of permit fees			\$30.85
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00815

Approval Code: 05979G 11/14/2019 11:11:50AM E-mailed To: kkehle@fastwaterheater.com

	TYPE OF WORK
New Construction	Addition/alteration/replacement
CATE	GORY OF CONSTRUCTION
X 1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITE	INFORMATION AND LOCATION
Job Address: 8650 SW SUFFO	PLK CT
City/State/ZIP: BEAVERTON OF	₹ 97008
Suite/bldg./apt.no.:	
Project Name: MARTIN	
Cross Street/directions to job si	te:
Tax map/parcel no.: 1S128A	C00800
	ESCRIPTION OF WORK
Remove/replace gas water heate	-1
	APPLICANT
Name: JASON HANLEYBROW	N
Phone: 4256367084	Fax: 4258149516
Email: kkehle@fastwaterheater.c	com
	CONTRACTOR
	CCB lic. no.: 168049
Business Name: FWH ACQUISI	TION COMPANY LLC
Contact:	
Address: 11715 N CREEK PAR	KWAY S C106
City/State/ZIP:, BOTHELL WA	98011
Phone: 4258143124	Fax: 4258149516
Email: jeffj@fastwaterheater.co	om
Metro lic. no.:	City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total		
Other Fuel Burning Appliances					
Water heater	1	\$23.32	\$23.32		
Minimum Fees					
Balance of permit fees			\$74,31		
Mechanical Permit Fees					
Subtotal			\$97.63		
State surcharge (12% of permit total)			\$11.72		
TOTAL PERMIT FEE			\$109.35		

\$97.63

\$11.72

\$109.35

### City Of Beaverton



12725 SW Milikan Way Beaverton, OR 97076 eaverton<sub>Phone: 503-526-2542</sub>

Email: cunderwood@beavertonoregon.gov

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00816

Approval Code: 414155 11/14/2019 12:55:51PM E-mailed To: gasproinc@gmail.com

**FEE SCHEDULE** Ea. Total Description Qty. Gas Fuel Piping 1 \$14.15 \$14.15 Gas Piping - first four Other Fuel Burning Appliances Gas or wood fireplace/insert \$33.39 \$33.39 Minimum Fees \$50.09 Balance of permit fees Mechanical Permit Fees

State surcharge (12% of permit

TOTAL PERMIT FEE

	TYPE OF WORK	
New Construction	X Addition/alteration/replacement	
CATEGO	DRY OF CONSTRUCTION	
X 1 or 2 family dwelling	Multi-family Commercial Accessory	
JOB SITE IN	FORMATION AND LOCATION	
Job Address: 6925 SW LARKSPU	RPL	
City/State/ZIP: BEAVERTON OR 97	7008	
Suite/bldg./apt.no.:		
Project Name: Vasquez		
Cross Street/directions to Job site:		
	4000	
Tax map/parcel no.: 1S121DA1		
	ICRIPTION OF WORK	
Install a gas fireplace insert, Extend fireplace.	gas piping from meter to the	
···		
		24224
	APPLICANT	
Name: Ronald Phillips		
Phone: 503-775-7020	Fax:	
Email: gasproinc@gmail.com		
• , , , , , , , , , , , , , , , , , , ,	CONTRACTOR	
	CCB lic. no.: 167493	
Business Name: GASPRO INC		
Contact:		
Address: 5112 SE LA MESA WAY		
City/State/ZIP: , MILWAUKIE OR 9	97267	
Phone: 5037757020	Fax: 5037757019	
Email: gasproinc@gmail.com		
Metro lic. no.:	City lic. no.:	
	<del>-</del>	

Upon review and approval by your local jurisdiction, your permit will be e-malled or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

### **City Of Beaverton**



## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00817

Approval Code: 514141 11/14/2019 1:14:19PM E-mailed To: gasproinc@gmail.com

	TYPE OF WORK
New Construction	
CATEG	ORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITE II	NFORMATION AND LOCATION
Job Address: 5885 SW 152ND A	VE
City/State/ZIP: BEAVERTON OR	97007
Suite/bldg./apt.no.:	
Project Name: Jones	
Cross Street/directions to job site	s:
Tax map/parcel no.: 1S117DC	04400
	SCRIPTION OF WORK
Install a gas fireplace insert. Exter fireplace	APPLICANT
Name: Ronald Phillips	ALLUAN
Phone: 503-775-7020	Fax:
Email: gasproinc@gmail.com	
	CONTRACTOR
	CCB IIc. no.: 167493
Business Name: GASPRO INC	
Contact:	-
Address: 5112 SE LA MESA WA	1
City/State/ZIP: , MILWAUKIE OF	R 97267
Phone: 5037757020	Fax: 5037757019
Email: gasproinc@gmail.com	
Metro lic. no.:	City lie. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Metro lic. no.:

FEE SO	HEDULE		
Description	Qty.	Ea.	Total
Gas Fuel Piping			
Gas Piping - first four	1	\$14.15	\$14.15
Other Fuel Burning Appliances			
Gas or wood fireplace/insert	1	\$33.39	\$33,39
Minimum Fees			
Balance of permit fees			\$50.09
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

32019-4760

Ea.

\$33.39

### **City Of Beaverton**

**Beaverton** 

12725 SW Milikan Way
Beaverton, OR 97076
Phone: 503-526-2542

NEmail: cunderwood@beavertonoregon.gov

## Residential Mechanical Authorization To Begin Work

Description

total)

Minimum Fees

Balance of permit fees

Mechanical Permit Fees

TOTAL PERMIT FEE

State surcharge (12% of permit

Other Fuel Burning Appliances
Gas or wood fireplace/insert

**FEE SCHEDULE** 

05350-BMC-19-00819

Total

\$33,39

\$64.24

\$97.63 \$11.72

\$109.35

Approval Code: 614190 11/14/2019 2:09:41PM E-mailed To: gasproinc@gmail.com

1

	TYPE OF WORK
New Construction	X Addition/alteration/replacement
CA	TEGORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SIT	TE INFORMATION AND LOCATION
Job Address: 13500 SW HIT	TEON CT
City/State/ZIP: BEAVERTON	OR 97008
Suite/bldg./apt.no,:	
Project Name: Reed	
Cross Street/directions to job	o site:
Tax map/parcel no.: 1S13	33BA01500
	DESCRIPTION OF WORK
Install a gas fireplace insert	
	APPLICANT
Name: Ronald Phillips	
Phone: 503-775-7020	Fax:
Email: gasproinc@gmail.com	
	CONTRACTOR
	CCB lic. no.: 167493
Business Name: GASPRO IN	С
Contact:	
Address: 5112 SE LA MESA	WAY
City/State/ZIP: , MILWAUKIE	E OR 97267
Phone: 5037757020	Fax: 5037757019
Email: gasproinc@gmail.con	n
Metro lic. no.:	City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Ea.

\$14.15

Total

\$14.15

\$83,48

\$97.63 \$11.72

\$109.35

### **City Of Beaverton**

12725 SW Milikan Way averton Phone: 503-526-2542 Beaverton, OR 97076 NEmail: cunderwood@beavertonoregon.gov

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00818

State surcharge (12% of permit

**FEE SCHEDULE** 

Approval Code: 05139G 11/14/2019 2:06:03PM E-mailed To: jc@greenboxmechanical.com

1

na anno ana mbigilika baka	TYPE OF WORK	<u>F</u>
New Construction	Addition/alteration/replacement	Description
CATI	EGORY OF CONSTRUCTION	Gas Fuel Piping
X 1 or 2 family dwelling	Multi-family Commercial Accessory	Gas Piping - first four
	INFORMATION AND LOCATION	Minimum Fees
Job Address: 15900 SW TOW		Balance of permit fees
		Mechanical Permit Fees
City/State/ZIP: BEAVERTON C	DR 97007	Subtotal (40% of norm
Suite/bldg./apt.no.:		State surcharge (12% of perm
Project Name: Davis		TOTAL PERMIT FEE
Cross Street/directions to job s	site:	
	BD21800	
GAS LINE EXTENSION FOR O	DESCRIPTION OF WORK	
160 - 160 -	APPLICANT	
Name: JC Kootnekoff		
Phone: 5032220555	Fax:	
Email: jc@greenboxmechanica	l.com	
	CONTRACTOR	
	GCB lic. no.: 214076	
Business Name: GREEN PROP	PERTY CONCEPTS LLC	
Contact:		
Address: 3265 NW 29TH AVE		
City/State/ZIP: , PORTLAND	OR 97210	
Phone: 5032220555	Fax:	
Email: jc@greenboxmechanic	al.com	
Metro lic. no.:	City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

### City Of Beaverton

Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00812

Approval Code: 089499 11/13/2019 3:56:32PM E-mailed To: garokenenergy@frontier.com

	TYPE OF WORK
New Construction	Addition/alteration/replacement
CAT	EGORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITE	INFORMATION AND LOCATION
Job Address: 17501 NW FIEL	DSTONE DR
City/State/ZIP: BEAVERTON C	R 97006
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job	site:
Tax map/parcel no.: 1N131	AC17400
l english	DESCRIPTION OF WORK
PUSH PULL GAS FURNACE	
	APPLICANT
Name: Donna Jordan	APPLICANT
Name: Donna Jordan Phone: 503-848-3838	APPLICANT  Fax: 503-356-8001
	Fax: 503-356-8001
Phone: 503-848-3838	Fax: 503-356-8001
Phone: 503-848-3838	Fax: 503-356-8001
Phone: 503-848-3838	Fax: 503-356-8001 .com CONTRACTOR CCB lic, no.: 43124
Phone: 503-848-3838  Email: garokenenergy@frontier	Fax: 503-356-8001 .com CONTRACTOR CCB lic, no.: 43124
Phone: 503-848-3838  Email: garokenenergy@frontier  Business Name: GAROKEN El	Fax: 503-356-8001  .com  CONTRÁCTOR  CCB lic, no.: 43124  NERGY COMPANY INC
Phone: 503-848-3838  Email: garokenenergy@frontier  Business Name: GAROKEN El	Fax: 503-356-8001  .com  GONTRACTOR  CCB lic, no.: 43124  NERGY COMPANY INC
Phone: 503-848-3838  Email: garokenenergy@frontier  Business Name: GAROKEN El  Contact:  Address: 3565 SW 182ND AVE	Fax: 503-356-8001  .com  GONTRACTOR  CCB lic, no.: 43124  NERGY COMPANY INC

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

City lic. no.:

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Metro IIc. no.:

FEE SC	HEDULE		
Description	Qty.	Ea.	Total
Heating/Cooling Appliances			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75
Minimum Fees			
Balance of permit fees			\$50.88
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

### **City Of Beaverton**

12725 SW Milikan Way Beaverton Beaverton, OR 97076 Phone: 503-526-2542

Name: JOAN DEFRANCISCO

Email: hroffice@heatrelieftoday.com

**Business Name: HEAT RELIEF CO** 

Address: 13122 NE DAVID CIR DR STE 800

City/State/ZIP: , PORTLAND OR 97230

Emall: markd@heatrelieftoday.com

Phone: 503-261-9915

Contact:

Phone: 5032619915

Metro lic. no.:

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00811

Approval Code: 551653 11/13/2019 2:36:27PM

O R E G O NEmail: cunderwood@beavertonoregon.gov		E-mailed	E-mailed To: hroffice@heatrelieftoday			
	TYPE OF WORK	FEES	CHEDULE			
New Construction		Description	Qty.	Ea.	Total	
GATEC	ORY OF CONSTRUCTION	Heating/Cooling Appliances		<del></del>		
X 1 or 2 family dwelling	Multi-family Commercial Accessory	Furnace - up to 100,000 BTU	1	\$46.75	\$46	
	NEODWATION AND LOCATION	Minimum Fees				
	NFORMATION AND LOCATION	Balance of permit fees			\$50	
Job Address: 11975 SW CLIFFO	DRD ST	Mechanical Permit Fees			3.000	
City/State/ZIP: BEAVERTON OR	97008	Subtotal			\$97	
Suite/bldg./apt.no.:		State surcharge (12% of permit total)			\$11	
Project Name: BETTLE		TOTAL PERMIT FEE			\$109	
Cross Street/directions to job site	9:					
Tax map/parcel no.: 1S122CE	302500					
DE	SCRIPTION OF WORK					
REPLACE GAS FURNACE						

Upon review and approval by your local jurisdiction, your permit will be e-malled or faxed within one business day, with instructions on how to schedule your inspection.

APPLICANT

CONTRACTOR

Fax: 503-261-9814

CCB lic. no.: 122424

Fax: 5032619814

City lic. no.:

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

# Residential Mechanical Authorization To Begin Work

05350-BMC-19-00808

Approval Code: 013569 11/13/2019 8:43:36AM

E-mailed To: djnelson@westernheating.com

Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

	TYPE OF WORK
New Construction	
CAT	EGORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITI	EINFORMATION AND LOCATION
Job Address: 7200 SW 130Th	H AVE
City/State/ZiP: BEAVERTON C	DR 97008
Suite/bldg./apt.no.:	
Project Name: Henriquez	
Cross Street/directions to job	site:
Tax map/parcel no.: 1S121	IDA03400
TO SECURE A CONTRACT OF THE PROPERTY OF THE PR	DESCRIPTION OF WORK
remove and replace gas furnac	e 
	APPLICANT
Name: Darcy Nelson	
Phone: 503-647-5808	Fax: 503-543-3693
Email: djnelson@westernheatir	ng.com
	CONTRACTOR
	CCB lic. no.: 76978
Business Name: WESTERN HI	EATING & COOLING INC
Contact:	
Address: PO BOX 386	
City/State/ZIP:, SCAPPOOSI	E OR 97056
Phone: 5035435599	Fax: 5035433693
Email: djnelson@westernheat	lng.com
Metro lic. no.:	City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SC	CHEDULE		
Description	Qty.	Ea.	Total
Heating/Cooling Appliances			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75
Minimum Fees			
Balance of permit fees			\$50.88
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

B 2019-4724
Residential Mechanical Authorization To Begin Work

05350-BMC-19-00809

11/13/2019 10:36:00AM

12725 SW Milikan Way Beaverton, OR 97076
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

	TYPE OF WORK
New Construction	Addition/alteration/replacement
CATE	GORY OF CONSTRUCTION
X 1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITE	NFORMATION AND LOCATION
Job Address: 9380 SW BRADLE	EYPL
City/State/ZIP: BEAVERTON OR	97008
Suite/bldg./apt.no.:	
Project Name: McGee/98851	
Cross Street/directions to job sit	ie:
Tax map/parcel no.: 1S127C	A05100
DI	ESCRIPTION OF WORK
gas furnace	
guorannao	
gustanias	
gaotanas	
	APPLICANT
Name: Darrell McGee	APPLICANT
	APPLICANT  Fax:
Name: Darrell McGee	Fax:
Name: Darrell McGee Phone: 5035797651	Fax:
Name: Darrell McGee Phone: 5035797651	Fax:
Name: Darrell McGee Phone: 5035797651	Fax: com CONTRACTOR CCB lic. no.: 1441
Name: Darrell McGee  Phone: 5035797651  Email: michellet@jacobsheating.	Fax: com CONTRACTOR CCB lic. no.: 1441
Name: Darrell McGee  Phone: 5035797651  Email: michellet@jacobsheating.  Business Name: JACOBS HEAT	Fax:  com  CONTRACTOR  CCB lic. no.: 1441  FING & AIR CONDITIONING INC
Name: Darrell McGee Phone: 5035797651 Email: michellet@jacobsheating. Business Name: JACOBS HEAT Contact:	Fax:  COM  CONTRACTOR  CCB lic. no.: 1441  FING & AIR CONDITIONING INC
Name: Darrell McGee Phone: 5035797651 Email: michellet@jacobsheating.  Business Name: JACOBS HEAT Contact: Address: 1421 SE HOLGATE BI	Fax:  COM  CONTRACTOR  CCB lic. no.: 1441  FING & AIR CONDITIONING INC
Name: Darrell McGee Phone: 5035797651 Email: michellet@jacobsheating. Business Name: JACOBS HEAT Contact: Address: 1421 SE HOLGATE Bl City/State/ZIP: , PORTLAND O	Fax:  COM  CONTRACTOR  CCB lic. no.: 1441  FING & AIR CONDITIONING INC  LVD  R 97202-4716

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Approval Code: 04865D 11/13/2019 10:36:00A E-mailed To: michellet@jacobsheating.c				
	FEE SO	CHEDULE		
Description		Qty.	Ea.	Total
Heating/Cod	oling Appliances			
Furnace - up	to 100,000 BTU	1	\$46.75	\$46.7
Minimum F	16S			
Balance of p	ermit fees			\$50.8
Mechanical	Permit Fees			
Subtotal				\$97.6
State surcha	rge (12% of permit			\$11.7
TOTAL PER	MIT FEE			\$109.3

### City Of Beaverton

Beaverton Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way Beaverton, OR 97076

## Residential Mechanical Authorization To Begin Work

05350-BMC-19-00810

Approval Code: 008443 11/13/2019 11:18:07AM E-mailed To: steve@thenaturalgasguys.com

FEESO	HEDULE		
Description	Qty.	Ea.	Total
Gas Fuel Piping			
Gas Piping - first four	1	\$14.15	\$14.15
Other Fuel Burning Appliances			
Decorative gas fireplace	1	\$33.39	\$33.39
Gas stove/range	1	\$33.39	\$33.39
Minimum Fees			
Balance of permit fees			\$16.70
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11,72
TOTAL PERMIT FEE			\$109.35

	TYPE OF WORK
New Construction	
CATE	GORY OF CONSTRUCTION
X 1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITE	INFORMATION AND LOCATION
Job Address: 11655 SW CLIFF	ORD ST
City/State/ZIP: BEAVERTON OR	97008
Suite/bldg./apt.no.:	
Project Name: Lucas	
Cross Street/directions to job sl	te:
Tax map/parcel no.: 1S122C	A01100
	ESCRIPTION OF WORK
Name: Steve Zimmerman	APPLICANT
Name: Steve Zimmerman Phone: 5036570381	APPLICANT  Fax: 5036570383
Phone: 5036570381	Fax: 5036570383
	Fax: 5036570383
Phone: 5036570381	Fax: 5036570383
Phone: 5036570381	Fax: 5036570383 com CONTRACTOR CCB lic. no.: 220486
Phone: 5036570381 Email: steve@thenaturalgasguys	Fax: 5036570383 com CONTRACTOR CCB lic. no.: 220486
Phone: 5036570381  Email: steve@thenaturalgasguys  Business Name: THE NATURAL	Fax: 5036570383 com CONTRACTOR CCB lic. no.: 220486
Phone: 5036570381  Email: steve@thenaturalgasguys  Business Name: THE NATURAL  Contact:	Fax: 5036570383  c.com  CONTRACTOR  CCB lic. no.: 220486  . GAS GUYS LLC
Phone: 5036570381  Email: steve@thenaturalgasguys  Business Name: THE NATURAL  Contact:  Address: 13297 FORTUNA CT	Fax: 5036570383  c.com  CONTRACTOR  CCB lic. no.: 220486  . GAS GUYS LLC
Phone: 5036570381  Email: steve@thenaturalgasguys  Business Name: THE NATURAL  Contact:  Address: 13297 FORTUNA CT  City/State/ZIP: , OREGON CITY	Fax: 5036570383  .com  CONTRACTOR  CCB lic. no.: 220486  . GAS GUYS LLC  Y OR 97045  Fax:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

### City Of Beaverton

Beaverton, OR 97076 Phone: 503-526-2542

NEmail: cunderwood@beavertonoregon.gov

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00807

Approval Code: 08002G 11/12/2019 4:06:00PM E-mailed To: info@advantageheatinglic.com

	TYPE OF WORK
New Construction	Addition/alteration/replacement
CATE	GORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITE	INFORMATION AND LOCATION
Job Address: 9714 SW DAVIES	S RD
City/State/ZIP: BEAVERTON OF	₹ 97008
Suite/bldg./apt.no.:	
Project Name: COFFEE	
Cross Street/directions to job sl	ite:
Tax map/parcel no.: 1S1280	CD10600
D	ESCRIPTION OF WORK
Installation of a gas furnace	
	APPLICANT
Name: Martin Sommers	AFERIANI
Phone: 5033935315	Fax: 5033932253
Email: info@advantageheatingli	c.com
	CONTRACTOR
	CCB lic. no.: 174260
Business Name: ADVANTAGE	HEATING AND AIR CONDITIONING LLC
Contact:	
Address: 1360 TANDEM AVE N	łE
City/State/ZIP: , SALEM OR 97	7301
Phone: 5033935315	Fax: 5033932253
Email:	
Metro lic no '	City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total
Heating/Cooling Appliances			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75
Minimum Fees			
Balance of permit fees			\$50.88
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35



Authorized signature: #100000116

## Mechanical Permit Application

12725

Phone: (50

5 SW Millikan Way / PO Box 4755	Date Received:	1-12-19	Permit No.:	101
Beaverton, OR 97076	Date Issued:	-12-17	By: ML	
03) 526-2493 Fax: (503) 526-2550	11			
neral information (503) 526-2222			Payment Type:	$\mathcal{M}$
Reaverton Oregon 20V			1 chungu chan	, -

OFFICE USE ONLY

***	BeavertonOregon.gov		Payment Type: 7000	
TYPE OF V	YORK	COMMERCIAL FEE SCHE	DULE - USE CHECKLIST	
New construction	eration/replacement cify:	Mechanical permit fees are based on the value (rounded to the nearest dollar) of a overhead, and profit.	value of the work performed. Indica all mechanical materials, equipment	ate the , labor,
CATEGORY OF CO	NSTRUCTION	++Va	lue: \$	
7 1- and 2-family dwelling	al/industrial	RESIDENTIAL EQUIPA	MENT/SYSTEMS FEES	
☐ Multi-family ☐ Master built			ation use checklist.	eranomic.
		Description		tai
JOB SITE INFORMATION	N AND EUCATION	Heating/cooling		
lob site address: 14205 SW Yearl	ing Way	Furnace, incl. ductwork, vent, and liner		
city/state/ZIP: Beaverton, OR 97	7008	Air conditioner	46.75	
Suite/bldg./apt. no.:	Project name: Walker 33993	Heat punip	61.06	
	VICINOI COCCO	Duct work, alterations and additions	23.32	
Cross street/directions to job site:		Hydronic piping system  Boiler, incl. vent**	20.02	
		Gas heaters/unit in-wall, in-duct,	46.76	
		suspended, etc. not incl. vent.	46.75	
		Other:	20.02	
Subdivision:	Lot no.:	Other fuel appliances Water heater	23.32	
Tax map/parcel no.:		Gas fireplace/insert/stove	33.39	
DESCRIPTION	OF WORK	Gas log/tog lighter	23.32	
PEOGKII NOV		Pool or spa heater, klin*	23.32	
nstall one (1) Dehumidifier		Wood/pellet stove/insert	33,39	
		Wood fireplace	33.39	
☐ PROPERTY OWNER	☐ TENANT	Chimney/liner/flue/vent w/o appliance	23.32	
Name: Richard Walker		Oil tanks/gas/diesel generators Other:	23,32	
Address: 14205 SW Yearling W	lav	Environmental exhaust and ventilation	<u> </u>	
		Range hood/other kitchen equipment	33.39	
city/state/zip: Beaverton OR 97	008	Clothes dryer exhaust	33,39	
Phone: 503-707-4247	Fax:	Single-duct exhaust (bathrooms, tollet compartments, utility rooms)	23,32	
E-mail:		Attic/crawispace fans	23.32	
APPLICA	NT	Whole house ventilation or Radon miligation	23.32	
	MCCOSCO SALES CONTROL	Other;	23.32	
Business name: TerraFirma Foun	uation Systems	Fuel piping		
Contact name: Elenita Ronquillo		\$14.15 for first four; \$4.03 for each add	itional	
Address: 13110 SW Wall St.		Furnace	#/outlets	
city/State/ZIP: Tigard, OR 97223		Wall/suspended/unit heater	#/outlets	
Phone: 971-205-5235	Fax:	Water heater	#/outlets #/outlets	
		Fireplace/log lighter/gas log Range	#/outlets	
E-mail: eronquillo@terrafirmafs	s.com	Barbecue	#/outlets	
CONTRACT	OR Englishment of the second of the second	Clothes dryer	#/outlets	
Business name: TerraFirma Found	ation Systems	Other:	#/outlets	eti favotski
Address: 13110 SW Wall St.			LPERMIT FEES	1000 vebr
city/State/ZIP: Tigard, OR 97223		Minimum p	Subtotal ermit fee S	97.63
Phone: 541-992-2435	Fax:	Plan review ( 25% of pe		
		State surcharge (12% of pe	rmit fee)	
E-malt:	1.	TOTAL PER	MIT FEE	
CCB lic.: 173547	City or metro lic.:	This normit application expires if a	permit is not obtained within 180	davs

after it has been accepted as complete.

Form B70-1003

- \* Site plan required for an outdoor unit
  \*\* State Building Codes Division's approval required
  ++ See Fee Schedule

Date: 11/12/1

# Beaverton Beaverton, OR 97076 Phone: 503-526-2542

### City Of Beaverton

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00805

Approval Code: 02646G 11/11/2019 2:58:07PM

E-mailed To: diane@tricountytemp.com

12725 SW Milikan Way Beaverton, OR 97076 NEmail: cunderwood@beavertonoregon.gov

	TYPE OF WORK	1.2
New Construction	Addition/alteration/replacement	t
C	ATEGORY OF CONSTRUCTION	
1 or 2 family dwelling	Multi-family Commercial Accessory	
JOB S	SITE INFORMATION AND LOCATION	
Job Address: 15130 SW A	ALMONTE CT	
City/State/ZIP: BEAVERTO	DN OR 97007	
Suite/bldg./apt.no.:		
Project Name: FANNON-LA	AMKIN	
Cross Street/directions to j	job site:	
Tay manipagal na 19	B120AC90171	
Tax map/parcel no.: 1S	DESCRIPTION OF WORK	
INSTALL DUCTLESS MINI		
Name: Diana Mason	APPLICANT	
Name: Diane Mason	APPLIGANT Fax: 503-557-0919	
Name: Diane Mason Phone: 503-557-2220	Fax: 503-557-0919	
Name: Diane Mason	Fax: 503-557-0919	
Name: Diane Mason Phone: 503-557-2220	Fax: 503-557-0919 np.com	
Name: Diane Mason  Phone: 503-557-2220  Email: diane@tricountytem	Fax: 503-557-0919  np.com  CONTRACTOR	100
Name: Diane Mason  Phone: 503-557-2220  Email: diane@tricountytem	Fax: 503-557-0919  np.com  CONTRACTOR  CCB IIc. no.: 72623	
Name: Diane Mason  Phone: 503-557-2220  Email: diane@tricountytem  Business Name: TRI COUI	Fax: 503-557-0919  np.com  CONTRACTOR  CCB IIc. no.: 72623  NTY TEMP CONTROL INC	
Name: Diane Mason  Phone: 503-557-2220  Email: diane@tricountytem  Business Name: TRI COUI  Contact:	Fax: 503-557-0919  np.com  CONTRACTOR  CCB IIc. no.: 72623  NTY TEMP CONTROL INC  AMAS RIVER DR	
Name: Diane Mason  Phone: 503-557-2220  Email: diane@tricountytem  Business Name: TRI COUI  Contact:  Address: 13150 S CLACK	Fax: 503-557-0919  np.com  CONTRACTOR  CCB IIc. no.: 72623  NTY TEMP CONTROL INC  AMAS RIVER DR	
Name: Diane Mason  Phone: 503-557-2220  Email: diane@tricountytem  Business Name: TRI COUI  Contact:  Address: 13150 S CLACK  City/State/ZIP: , OREGO	Fax: 503-557-0919  Inp.com  CONTRACTOR  CCB IIc. no.: 72623  NTY TEMP CONTROL INC  AMAS RIVER DR  N CITY OR 97045-1172  Fax: 5035570919	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or f within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total
	33.		
Heating/Cooling Appliances		1	
Heat Pump (Detached Homes Only)	1	\$61.06	\$61.06
Minimum Fees			
Balance of permit fees			\$36.57
Mechanical Permit Fees			45.553
Subtotal			\$97,63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

2019-47-04

Ea.

\$46.75

05350-BMC-19-00806

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

### **City Of Beaverton**

12725 SW Milikan Way Beaverton Beaverton, OR 97076 Phone: 503-526-2542

Residential Mechanical Authorization To Begin Work

FEE SCHEDULE

Description

Minimum Fees

Subtotal

Balance of permit fees

**TOTAL PERMIT FEE** 

Heating/Cooling Appliances

Mechanical Permit Fees

State surcharge (12% of permit

Furnace - up to 100,000 BTU

Approval Code: 711165 11/11/2019 3:56:01PM E-mailed To: permits@wolfersheating.com

Qty.

1

	TYPE OF	WORK	
New Construction		Addition/alte	ration/replacement
CA	TEGORY OF C	ONSTRUCTION	
1 or 2 family dwelling	Multi-family	Commercial	Accessory
JOB SIT	E INFORMAT	ION AND LOCAT	ION
Job Address: 6570 SW ECC	LA PL		
City/State/ZIP: BEAVERTON	OR 97007		
Suite/bldg./apt.no.:			
Project Name: Rowland			
Cross Street/directions to job	site:		
Tax map/parcel no.: 1S12	:0BC10000		
	DESCRIPTIO	N OF WORK	
Install Gas furnace	2000		
Name: Kristi Loschiavo	APPLI	CANI	
Maille, Mist Coscillavo			
Phone: 5032201901		Fax:	
Email: permits@wolfersheatin	g.com		
	CONTR	ACTOR	
	C	CB lic. no.: 1911	
Business Name: WOLFERS I	NC		
Contact:			
Address: 1365 N FRONT ST			
City/State/ZIP:, WOODBUR	N OR 97071		
Phone: 5039814511		Fax: 5039810801	
Email: cindyn@wolfersheati	ıg.com		
Metro IIc. no.:		City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

BB. 493-871-154 Approved



## **Mechanical Permit Application**

City of Beaverton Community Development

PO Box 4755, Bear	verton, OR 97076
Phone: (503) 526-2	!403; Fax: (503) 526-2550
	www.beavertonoregon.gov

New construction	✓ Addition/	alteration/replacement	
Demolition	Other:		
	garga <b>hanger</b> di pilipada garan Sabilan di Kabalan		
☐ 1- and 2-family dwelling	☑ Commerc	ial/industrial 🔲 Ad	coessory building
Multi-family	☐ Master bu	ilder 🔲 O	her:
(1) 主义 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	tag get	and the state of t	
Job site address: 3725 SW			
City/State/ZIP: Beaverton,	OR 97005		
Suite/bldg./apt. no.:		Project name: Kun	Auto Center
Cross street/directions to job s	ite:		
		7	
Subdivision:		Lot no.:	
Tax map/parcel no.:			erica describação da fa
		Section SAL Control	
install vehicle exhaust s	system		
	1-15-1-1-1	Towns of water	
ATECO CONTRACTOR OF THE PARTY O		to see the first of the second	
Name: Kuni Auto Cente			
Address: 3725 SW Ceda			
City/State/ZIP: Beaverton	, OR 97005	5	
Phone: (503) 372-7520	**********	Fax: ( )	THE COLUMN TWO IS NOT
	The second second		
Business name: Shop Equ	· · · · · · · · · · · · · · · · · · ·	o., Inc.	
Contact name: Jim Havlin			
Address: 21504 Bents C	t. NE		
City/State/21P: Aurora, O	R 97002		
Phone: (503) 620-2794		Fax: (503)620	-1763
E-mail: jim@shopequip	mentcoinc.	com	na e a angle a sur sa sur sa sur sur sa sur
	284 - A	。	
Business name: Same as	Applicant		
Address:			
City/State/ZIP:			
Phone: ( )		Fax: ( )	
E-mail:			
CCB lic.: 127922	<b>D</b>	City or nietro lic.:	9162
Authorized signature:	<b>W</b>	-	
Print name: Jim Hayline	·k		Date: 10/23/19

OFFICEUNFONES
Date Received: 1/1/2019   Permit No.: B2019-4542
Date Issued: 11 12 19 By:
CITY OF BEAVERTO Vayment Type:
BUILDING DIVISION

Mechanical permit fees are based on the the value (rounded to the nearest dollar) equipment, labor, overhead, and profit.	value of t of all med	he work perform hanical materials	ed. Indicate
Value: \$	31226	}	
CONTRACTOR OF THE STATE OF THE			
For special informa	tion use c	hecklist.	
Description	Qty.	Ea.	Total
Heating/cooling			
Furnace, incl. ductwork, vent, and liner		++	
Air conditioner (site plan required)		44,10	
Heat pump (site plan required)		57.60	
Duct work, alterations and additions		22.00	
Hydronic piping system		22.00	
Boiler, incl. vent**		++	
Gas heaters/unit in-wall, in-duct,	***************************************		
suspended, etc. mot incl. vent.		44.10	
Other:			
Other fuel appliances			
Water heater		22.00	
Gas fireplace/insert/stove		31,50	
Gas log/log lighter		22.00	
Pool or spa heater, kiln*		22.00	
Wood/pellet stove/insert		31.50	
Wood fireplace		31.50	
Chimney/liner/flue/vent w/o appliance		31.50	
Oil tanks/gas/diesel generators		22,00	
Other:		22.00	
Environmental exhaust and ventilati	o a		
Range hood/other kitchen equipment		31.50	
Clothes dryer exhaust		31,50	
Single-duct exhaust (bathrooms, toilet compartments, utility rooms)		22.00	
Attic/crawlspace fans		22.00	ļ
Whole house ventilation or Radon mitigation		22.00	
Other:		22.00	
Fuel piping			
\$13.35 for first four, \$3.80 for each a	dditional		·
Furnace		#/outlets	
Wall/suspended/unit heater		#/outlets	
Water heater		#/outlets	
Fireplace/log lighter/gas log		#/outlets	
Range		#/outlets	
Barbecue	]	#/outlets	
Clothes dryer		#/outlets	
Other:		#/outlets	
	abtotal	al a de la constanta de la con	
Minimum per			92.l
Plan review (25% of pen			
State surcharge (12% of pen	mit fee)	<del> </del>	,
I DESCRIPTION OF PARTY OF PARTY.	T FEE		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

- Site plan required for an outdoor unit
   State Building Codes Division's approval required
   See Fee Schedule

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00804

**FEE SCHEDULE** 

Beaverton Beaverton, OR 97076 Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

Approval Code: 01395J 11/8/2019 4:55:54PM E-mailed To: arin.rodarte@aaaiaq.com

\$46.75

Total

\$46.75

\$50.88

\$97.63 \$11.72

\$109.35

Qty.

	TYPE OF WORK	FE
New Construction	Addition/alteration/replacement	Description
едпес	RY OF CONSTRUCTION	Heating/Cooling Appliances
	ulti-family Commercial Accessory	Furnace - up to 100,000 BTU
	ORMATION AND LOCATION	Minimum Fees
A COUNTY OF THE PARTY OF THE PA		Balance of permit fees
Job Address: 1299 SW CHERRY B		Mechanical Permit Fees
City/State/ZIP: BEAVERTON OR 97	008	Subtotal
Suite/bldg./apt.no.:		State surcharge (12% of permit total)
Project Name: HESSLING - 59707		TOTAL PERMIT FEE
Cross Street/directions to job site:		
Tax map/parcel no.: 1S121AA03		
DES PUSH & PULL GAS FURNACE	CRIPTION OF WORK	
	APPLICANT	
Name: Arin Rodarte		
Phone: 5035015515	Fax: 5032841552	
Email: arin.rodarte@aaaiaq.com		
	CONTRACTOR	
	CCB lic. no.: 222	
Business Name: AAA HEATING & C	COOLING INC	
Contact:		_
Address: 5017 NE GRAND AVENU	E	
City/State/ZIP: , PORTLAND OR 9	7211	
Phone: 5032842173	Fax: 5032841552	
Email: jspaaa@yahoo.com	and the state of t	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

City lic. no.:

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Metro Ilc. no.:

Comcast Bldg (2



signature:

Print name:

Jessica Lozano

### **Mechanical Permit Application**

Community and Economic Development PO Box 4755, Beaverton, OR 97076 Phone: (503) 526-2403; Fax: (503) 526-2550 Internet address: www.BeavertonOregon.gov

OREGON	internet addres	s: www.Beav	ertonc	regon.gov
	TYPE OF WO	RK		
☐ New construction ☐ Demolition	Addition/alteration     Other, Specify	· ·	ent	
CA	TEGORY OF CONS	TRUCTION		
☐ 1- and 2-family dwelling ☐ Multi-family	☑ Commercial/ir ☐ Master builde		_	cessory building her, Specify:
JOB SIT	TE INFORMATION	AND LOCAT	ON	
Job site address: 9605 SV	V Nimbus Ave			
City/State/ZIP: Beavertor	n, OR 97008			
Suite/bldg./apt. no.:		Project name:		
Cross street/directions to job s	ite:			
				LAND.
Subdivision:		Lot no.:		Later to the state of the state
Tax map/parcel no.:	5 <del></del>			
	DESCRIPTION OF			
install new return duc Building Permit: B201		relocate	supp	ly grilles.
☐ PROPERTY O	WNER		□ TEI	VANT
Name:				
Address:				
City/State/ZIP:				
Phone:		Fax:		
E-mail:				
	APPLICAN	T		
Business name: Alliant S	ystems			
Contact name: Jessica L	ozano			
Address: 351 NW 12th	Ave			
City/State/ZIP: Portland	. OR. 97209			
Phone: (503) 619-4000	)	Fax: (503)	230-	9238
E-mail: j.lozano@allia	nt-systems.con	n		
	CONTRACTO	R		
Business name: Alliant S	ystems		-	
Address: 351 NW 12th	Ave			
City/State/ZIP: Portland	. OR. 97209			
Phone: (503) 619-4000	)	Fax: (503)	230-	9238
E-mail: j.lozano@allia	nt-systems.cor	n		
ссв іс.: 153420		City or metro	lic.:	7436
Authorized .	_ρ			<del></del>

## OFFICE USE ONLY Permit No.: Parties of the perm

CITY OF BEAVERTON Payment Type: VISA

BUILDING DIVISION COMMERCIAL FEE SCHEDULE – USE CHECKLIST Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit. \*Use Table on Page 2 for value. \*Value: \$6800 RESIDENTIAL EQUIPMENT / SYSTEMS FEES For special information use checklist. Total Qty. Description Heating/cooling "For Furnace, select>> Select One Furnace, incl. ductwork, vent, and liner \*\* 44.10 Air conditioner 1 61.06 Heat pump 1 23.32 Duct work, alterations and additions 23.32 Hydronic piping system Boiler, incl. vent\*\* Select One Gas heaters/unit in-wall, in-duct, 46.75 suspended, etc. not incl. vent. 23.32 Other fuel appliances 23.32 Water heater 33.39 Gas fireplace/insert/stove 23.32 Gas log/log lighter 22.00 Pool or spa heater, kiln\* 33.39 Wood/pellet stove/insert 33.39 Wood fireplace 33.39 Chimney/liner/flue/vent w/o appliance 23.32 Oil tanks/gas/diesel generators 23.32 Environmental exhaust and ventilation 33.39 Range hood/other kitchen equipment 33.39 Clothes dryer exhaust Single-duct exhaust (bathrooms, toilet 23.32 compartments, utility rooms) 23.32 Attic/crawlspace fans Whole house ventilation or Radon 23.32 mitigation 23.32 Other: Fuel piping \$14.15 for first four; \$4.03 for each additional #/outlets #/outlets Wall/suspended/unit heater #/outlets Water heater #/outlets Fireplace/log lighter/gas log #/outlets Range #/outlets Barbecue #/outlets Clothes dryer #/outlets CALCULATE MECHANICAL PERMIT FEES 97.63 Minimum permit fee Check for Plan Review (25% of permit fee) 11.05 State surcharge (12% of permit fee) \$108.68 TOTAL PERMIT FEE 353

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

1 - Site plan required for an outdoor unit.

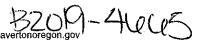
Date: 10/28/19

2 - Requires approval from Building Codes Division.

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00801

**FEE SCHEDULE** 

12725 SW Milikan Way
Beaverton, OR 97076
Phone: 503-526-2542



Description

Minimum Fees

Balance of permit fees

Subtotal

total)

Heating/Cooling Appliances

Furnace - up to 100,000 BTU

Mechanical Permit Fees

TOTAL PERMIT FEE

State surcharge (12% of permit

Approval Code: 418012 11/8/2019 12:21:52PM E-mailed To: INSTALL@ANCTILHVAC.COM

Ea.

\$46.75

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

	TYPE OF WORK
New Construction	Addition/alteration/replacement
CATE	GORY OF CONSTRUCTION
X 1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITE	INFORMATION AND LOCATION
Job Address: 852 NW SILVERA	ADO DR
City/State/ZIP: BEAVERTON OF	R 97006
Suite/bldg./apt.no.:	
Project Name: 45125	
Cross Street/directions to job si	te:
Tax map/parcel no.: 1N132C	B02400
D	ESCRIPTION OF WORK
INSTALL GAS FURNACE	
	APPLICANT
Name: CHRISTINE BARTON	
Phone: 5032810752	Fax: 5032825722
Email: iNSTALL@ANCTILHVAC	сом
	CONTRACTOR
	CCB lic. no.: 8897
Business Name: ANCTIL HEATI	NG & COOLING INC
Contact:	
Address: 2150 N LEWIS AVE	
City/State/ZIP: , PORTLAND O	R 97227
Phone: 5032810752	Fax: 5032825722
Email: mark@anctilhvac.com	
Metro lic. no.:	City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work

**FEE SCHEDULE** 

State surcharge (12% of permit

05350-BMC-19-00800

Total

\$14.15

\$83.48

\$97.63

\$11.72

\$109.35

12725 SW Milikan Way Beaverton, OR 97076

B20 9-44Ce 8 Email; cunderwood@beavertonoregon.gov

Approval Code: 710767 11/8/2019 12:09:05PM E-mailed To: hroffice@heatrelieftoday.com

\$14.15

Qty.

	TYPE OF WORK	
☐ New Construction	✓ Addition/alteration/replacement	Description
C	ATEGORY OF CONSTRUCTION	Gas Fuel Piping
X 1 or 2 family dwelling	Multi-family Commercial Accessory	Gas Piping - first four
	BITE INFORMATION AND LOCATION	Minimum Fees
		Balance of permit fees
Job Address: 7030 SW O	LESON RD	Mechanical Permit Fees
City/State/ZIP: BEAVERTO	ON OR 97223	Subtotal
Suite/bldg./apt.no.:	•	State surcharge (12% of potential)
Project Name: FISCHER		TOTAL PERMIT FEE
Cross Street/directions to	job site:	
Tax map/parcel no.: 15	S124DB00202	
	DESCRIPTION OF WORK	
GAS LINE TO RANGE		
	APPLICANT	
Name: JOAN DEFRANCIS	SCO	
Phone: 503-261-9915	Fax: 503-261-9814	
Email: hroffice@heatrelieft	oday.com	
	CONTRACTOR	
	CCB lic. no.: 122424	
Business Name: HEAT RE	ELIEF CO	
Contact:		
Address: 13122 NE DAVID	O CIR DR STE 800	_
City/State/ZIP: , PORTLA	ND OR 97230	
Phone: 5032619915	Fax: 5032619814	_
Email: markd@heatrelieft	oday.com	
Metro lic. no.:	City IIc. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work

**FEE SCHEDULE** 

05350-BMC-19-00802

Total

\$61.06

\$36.57

\$97.63

\$11.72

\$109.35

12725 SW Milikan Way Beaverton, OR 97076

Approval Code: 02521G 11/8/2019 1:57:08PM E-mailed To: info@ableheatingandcooling.com

\$61.06

	TYPE OF WORK		ĘE
New Construction		iteration/replacement	Description
CAT	EGORY OF CONSTRUCTION		Heating/Cooling Appliances
1 or 2 family dwelling	Multi-family Commercial	Accessory	Heat Pump (Detached Homes Only)
JOB SIT	INFORMATION AND LOCA	TION	Minimum Fees
Job Address: 15615 SW PEF	IDOT WAY		Balance of permit fees
City/State/ZIP: BEAVERTON	OR 97007		Mechanical Permit Fees
			Subtotal
Suite/bldg./apt.no.:			State surcharge (12% of permit total)
Project Name: MATHERLY			TOTAL PERMIT FEE
Cross Street/directions to job	site:		
Tax map/parcel no.: 1S129	CA05700		
	DESCRIPTION OF WORK		
	APPLICANT		
Name: Kelly Wilhite			
Phone: 5035792250	Fax: 5036203980	-	
Email: info@ableheatingandco	oling.com		
All	CONTRACTOR		
	CCB lic. no.: 184392		
Business Name: ABLE HEAT	NG & COOLING LLC		
Contact:			
Address: 16285 SW 85TH AV	E. SUITE 105		,
City/State/ZIP: , TIGARD OR	97224		
Phone: 5035792250	Fax: 5036203980		·
Email: info@ableheatingando	ooling.com		
Metro lic. no.:	City lic. no.:		

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00803

**FEE SCHEDULE** 

12725 SW Milikan Way

Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

Approval Code: 06122G 11/8/2019 2:16:21PM E-mailed To: service@brutoncomfortcontrol.com

Ea.

\$46.75

Total

\$46.75

\$50,88

\$97.63

\$11.72

\$109.35

Qty.

	TYPE OF WORK	FE
New Construction	Addition/alteration/replacement	Description
CATEG	ORY OF CONSTRUCTION	Heating/Cooling Appliances
	Multi-family Commercial Accessory	Furnace - up to 100,000 BTU
		Minimum Fees
	NFORMATION AND LOCATION	Balance of permit fees
Job Address: 8260 SW 154TH A	VE	Mechanical Permit Fees
City/State/ZIP: BEAVERTON OR	97007	Subtotal
Suite/bidg./apt.no.:		State surcharge (12% of permit total)
Project Name:		TOTAL PERMIT FEE
Cross Street/directions to job site	:	
Tax map/parcel no.: 1S129AB	11700	
DE	SCRIPTION OF WORK	The Market of the Control of the Con
	APPLICANT	
Name: Matt Bruton		
Phone: 503-626-7477	Fax: 503-646-0126	
Email: service@brutoncomfortcont	trol.com	
	CONTRACTOR	
	CCB lic. no.: 65296	
Business Name: BRUTON COMF	ORT CONTROL INC	_
Contact:		
Address: 12720 SW ALLEN BLVD	)	
City/State/ZIP: , BEAVERTON O	R 97005	-
Phone: 5036267477	Fax: 5036460126	
Email: service@brutoncomfortco	ontrol.com	
Metro lic. no.:	City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.



Print name: Ella Duran

Mechanical Permit Application
Community and Economic Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403; Fax: (503) 526-2550
Internet address; www.BeavertonOregon.gov

TYPE	OF WORK
☐ New construction ☐ Addition ☐ Demolition ☐ Other,	on/alteration/repiacement Specify:
CATEGORY OF	CONSTRUCTION
☐ 1- and 2-family dwelling ☐ Comm ☐ Multi-family ☐ Mester	erclai/Industrial Accassory building ribulider Other, Specify:
JOB SITE INFORMA	TION AND LOCATION
Job site address: 15768	sw when Lane
City/State/ZIP: Beaverton, OR	- Company of the Comp
Sulte/bldg./apt. no.;	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont Tex map/parcel no.;	Lot no.: 15
DESCRIPTION	N OF WORK
NSFR - Chang	e Vendor
DR Horton Inc - Portl	
Address: 4380 SW Macadam A	····
City/State/ZIP: Portland. OR 9723	9
Phone: 503-222-4151	Fax;
E-mall: Plancheck@drhorton.c	com
APPLIC	CANT
Business name: Same as above	
Contact name: Amanda Loverid	ge
Address:	
City/State/ZIP:	
Phone:	Fex:
E-mail;	
CONTRAC	
Business name: Pro Heating and Coo	oling, Inc
Address: 2095 NW Aloclek Dr, Sulte	∍#1104
City/state/ZIP: Hillsbororo Oregon 97	7124
Phone: (503) 443-5692	Fax:
-mall: ellaproheating9@gmail.com	7
CCB (io.; 209001	City or metro lic.: 12100
authorized Ignature:	

	OFFICE USE ONLY
Date Racelved: 3/26	9 Permil No.: B2018-5136
Date Issued:   - 7-1	9 By: 1UL
•	Payment Type: CM 011/

	. ayınıcı	ar ryp		112
COMMERCIAL FEE SCI	HEDULE -	- USE	CHECKLIS	 3 <b>T</b>
Mecranical permit fees are based on value (rounded to the nearest dollar) of overnead, and profit.	the value o	if the w	ork perform naterials, eq	ed. Indicate the
*٧	elue: \$ (),()			
RESIDENTIAL EQUIP			TA FERS	
For special inform				
Description	Qty.		Eo.	Total
Heating/cooling "For Furnace, select	<u></u>		1.0.	1 10101
Furnisce, Incl., ductwork, vent, and liner	1	<u> </u>	·	
Air conditioner 1	Y		44.10	
Hearpump +	1		61,08	
Ductwork, elterations and additions	T		23.32	
Hydranic piping system	1		23.32	
Boller, Incl. yent** Select One				
Gas reaters/unit in-wall, in-duct, susprinced, etc. not incl. vent.			46.75	
Other:	-		23.32	
Other fuel appliances	J		R.O.O.	
Water heater	1 1		23.32	
Gas kreplace/insert/stove	<del>  '</del>	-  -	33.39	<del></del>
Gas og/log lighter	1	$\exists$	23.32	· · · · · · · · · · · · · · · · · · ·
Pool or sps heater, kiln*			22.00	
Wegd/pellet stove/insert	<u> </u>		33.39	····················
Wood (freplace			33.39	
Chiripsey/liner/flue/vent w/o appliance			33.39	
Oil (mks/gas/diese) generators			23,32	
Olher			23.32	
Environmental exhaust and ventilation	n ,			
Range hood/other kitchen equipment			33.39	
Clothas dryer exhaust			33.39	
Singa-duct exhaust (bathrooms, toilet compartments, utility rooms)	5		23.32	
Atticzrawispace fans		十	23.32	
Whos house ventilation or Radon	1		23,32	
miligiation				
Other:			23.32	
Fuotalping \$14." 5 for first four; \$4.03 for each addition	,, ,			
Furnace	Ullai		Houllets	
Wall/puspended/unit heater	7'	$\neg$		
Water heater		1	Houllets Houllets	
Firenece/log lighter/gas log			//outlets	
Range			/outlets	
Barb=cue			l/outlets	
Clothes dryer		F	/outlets	
Othe:		i	/outlets	
CALCULATE MECHANICAL PERMIT FE	E8		· · · · · · · · · · · · · · · · · · ·	
Su	biotal		**************************************	
Minimum perr				97.63
Cleck for Plan Review (25% of perm				
State surcharge (12% of perm				11.72
TOTAL PERMI	r FEE			\$109.35

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

I - 54: plan required for an outdoor unit

Date: 03/21/19

7 - Response approval from Building Codes Division

## Residential Mechanical Authorization To Begin Work

**FEE SCHEDULE** 

05350-BMC-19-00797

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

Beaverton

12725 SW Milikan Way Beaverton, OR 97076

Phone: 503-526-2542

\*Email: cunderwood@beavertonoregon.gov

B209-4050

Approval Code: 64691J 11/7/2019 6:50:18PM E-mailed To: smatiaco@gmail.com

\$46.75

	TYPE OF WORK		FE
New Construction	X Addition/alte	ration/replacement	Description
PATECO	RY OF CONSTRUCTION		Heating/Cooling Appliances
	ulti-family Commercial	Accessory	Furnace - up to 100,000 BTU
			Minimum Fees
4 545 min 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ORMATION AND LOCAT	IUN	Balance of permit fees
Job Address: 7840 SW MATHENY	DR		Mechanical Permit Fees
City/State/ZIP: BEAVERTON OR 97	008		Subtotal
Suite/bldg./apt.no,:			State surcharge (12% of permit total)
Project Name:			TOTAL PERMIT FEE
Cross Street/directions to job site:			
Tax map/parcel no.: 1S122CC12			·
DES	CRIPTION OF WORK		
	APPLICANT		
Name: Steven Matiaco			
Phone: 5033572993	Fax:		
Email: smatlaco@gmail.com			
	CONTRACTOR		
	CCB lic. no.: 130587		
Business Name: EARTHWISE HEAT	TING AND COOLING CO INC		_
Contact:			
Address: PO BOX 367			_
City/State/ZIP: , FOREST GROVE	OR 97116		
Phone: 5033572993	Fax:		_
Email: smatiaco@gmail.com			4
Metro lic. no.:	City lic. no.:		

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work

**FEE SCHEDULE** 

05350-BMC-19-00799

Total

\$61.06

\$36.57

\$97.63

\$11.72

Beaverton Beaverton, OR 97076
Phone: 503-526-2542

12725 SW Milikan Way

Email; cunderwood@beavertonoregon.gov

Approval Code: 061814 11/8/2019 5:12:06AM E-mailed To: nikkiguerlain@gmail.com

\$61.06

	TYPE OF WORK	FEE
New Construction	Addition/alteration/replacement	Description
CATEG	ORY OF CONSTRUCTION	Heating/Cooling Appliances
1 or 2 family dwelling	Multi-family Commercial Accessory	Heat Pump (Detached Homes Only)
JOB SITE I	NFORMATION AND LOCATION	Minimum Fees
Job Address: 6775 SW NEHALE	M LN	Balance of permit fees
City/State/ZIP: BEAVERTON OR	97007	Mechanical Permit Fees
		Subtotal
Suite/bldg./apt.no.:		State surcharge (12% of permit total)
Project Name: Phillips	and the second s	TOTAL PERMIT FEE
Cross Street/directions to job site	s:	
Tax map/parcel no.: 1S120AD		STATE OF THE PARTY
	SCRIPTION OF WORK	
replacement of an existing heat pu	ımp	
•		
		277-17-16 (A.A.)
	APPLICANT	
Name: Kimberly Phillips		
Phone: 5414501381	Fax:	
Email: nikkiguerlain@gmail.com		
	CONTRACTOR	And the state of t
	CCB lic. no.: 118441	
Business Name: BEAVERTON HI	EATING & A/C INC	
Contact:		
Address: 5400 SW 170TH AVE		
City/State/ZIP:, ALOHA OR 970	07	
Phone: 5036491271	Fax: 5036496446	
Email: kevinphilley@frontier.com	n	
Metro lic. no.:	City lic. no.:	

Upon	review	and	approval	by	your	local	jurisdiction,	your	permit	will	be	e-mailed	or	faxed
within	one bus	iness	day, with I	nstru	actions	on ho	w to schedule	your	nspectio	n.				

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work

FEE SCHEDULE

05350-BMC-19-00798

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

Beaverton Phone: 503-526-2542

12725 SW Milikan Way Beaverton, OR 97076

NEmail: cunderwood@beavertonoregon.gov

Approval Code: 02115G 11/7/2019 6:54:04PM E-mailed To: laysheating@gmail.com

\$46.75

	TYPE OF WORK	FEE
New Construction	Addition/alteration/replacement	Description
CA'	TEGORY OF CONSTRUCTION	Heating/Cooling Appliances
1 or 2 family dwelling	Multi-family Commercial Accessory	Air Conditioning (Detached Homes Only)
JOB SIT	E INFORMATION AND LOCATION	Minimum Fees
Job Address: 9735 SW 1671	TH PL	Balance of permit fees
City/State/ZIP: BEAVERTON	OR 97007	Mechanical Permit Fees
		Subtotal
Suite/bldg./apt.no.:		State surcharge (12% of permit total)
Project Name: Cullison		TOTAL PERMIT FEE
Cross Street/directions to job	o site:	
Tax map/parcel no.: 1S13	30DD04200	99-5-80
	DESCRIPTION OF WORK	
	APPLICANT	
Name: Kelly Lay	AFFLICANI	
Name: Neny Lay		
Phone: 5035169558	Fax: 9712244882	
Emall: laysheating@gmail.cor	m	
	CONTRACTOR	
	CCB lic. no.: 219003	
Business Name: LAYS HEAT	ING & COOLING LLC	
Contact:		·
Address: 12469 SE CAPRI C	OURT	
City/State/ZIP: , HAPPY VAI	LLEY OR 97086	
Phone: 5035169558	Fax: 9712244882	
Email: laysheating@gmail.co	om	
Metro lic. no.:	City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Inspections Phone: 503-526-2400	Inspections Email: cunderwood@beavertonoregon.gov
This Authorization To Begin Work r	nust be posted at the job site until replaced by a Permit

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00796

12725 SW Milikan Way
Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

BDO9-464

Approval Code: 584704 11/7/2019 4:17:50PM E-mailed To: hroffice@heatrelieftoday.com

TYPE OF WORK X Addition/alteration/replacement New Construction CATEGORY OF CONSTRUCTION 1 or 2 family dwelling Multi-family Commercial Accessory JOB SITE INFORMATION AND LOCATION Job Address: 8825 SW INDIAN HILL LN City/State/ZIP: BEAVERTON OR 97008 Suite/bldg./apt.no.: Project Name: NEVILLE/NW NATURAL Cross Street/directions to job site: 1S127BC12400 Tax map/parcel no.: **DESCRIPTION OF WORK** GAS LINE TO NEW NW NATURAL GAS METER **APPLICANT** Name: JOAN DEFRANCISCO Phone: 503-261-9915 Fax: 503-261-9814 Email: hroffice@heatrelieftoday.com CONTRACTOR CCB lic. no.: 122424 **Business Name: HEAT RELIEF CO** Address: 13122 NE DAVID CIR DR STE 800 City/State/ZIP: PORTLAND OR 97230 Phone: 5032619915 Fax: 5032619814 Email: markd@heatrelieftoday.com City lic. no.: Metro lic. no.:

FEE	SCHEDULE		
Description	Qty.	Ea.	Total
Gas Fuel Piping			
Gas Piping - first four	1	\$14.15	\$14.15
Minimum Fees			
Balance of permit fees			\$83.48
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work

**FEE SCHEDULE** 

12725 SW Milikan Way Beaverton Beaverton, OR 97076 Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Air Conditioning (Detached Homes

05350-BMC-19-00792

Ea.

\$46.75

\$46.75

Total

\$46.75

\$46.75

\$4.13

\$97.63

\$11.72

\$109.35

Approval Code: 01125G 11/5/2019 1:05:39PM E-mailed To: diane@tricountytemp.com

1

1

	TYPE OF WORK	FE
New Construction		ent Description
CATE	SORY OF CONSTRUCTION	Heating/Cooling Appliances
X 1 or 2 family dwelling	Multi-family Commercial Accessory	Furnace - up to 100,000 BTU
	NFORMATION AND LOCATION	Air Conditioning (Detached Hom Only)
Job Address: 9826 SW DAPPLE	GREY LOOP	Minimum Fees
City/State/ZIP: BEAVERTON OR	97008	Balance of permit fees
City/Gtate/Ell : BEAVERTON OR	07000	Mechanical Permit Fees
Suite/bldg./apt.no.:		Subtotal
Project Name: TRAN		State surcharge (12% of permit total)
Cross Street/directions to job sit	e:	TOTAL PERMIT FEE
Tax map/parcel no.: 1S128C	007400	
DE	SCRIPTION OF WORK	
	APPLICANT	
Name: Diane Mason	AFFLICANI	
Phone: 503-557-2220	Fax: 503-557-0919	· · · · · · · · · · · · · · · · · · ·
Email: diane@tricountytemp.com		
	CONTRACTOR	
	CCB lic. no.: 72623	
Business Name: TRI COUNTY T	EMP CONTROL INC	
Contact:		
Address: 13150 S CLACKAMAS	RIVER DR	
City/State/ZIP: , OREGON CITY	' OR 97045-1172	
Phone: 5035572220	Fax: 5035570919	
Email: sales@tricountytemp.com	n	
Metro lic. no.:	City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work

12725 SW Milikan Way Beaverton, OR 97076 ton<sub>Phone: 503-526-2542</sub>



05350-BMC-19-00793

Ea.

Approval Code: 09798G 11/6/2019 11:36:14AM E-mailed To: diane@tricountytemp.com

## TYPE OF WORK X Addition/alteration/replacement **New Construction** CATEGORY OF CONSTRUCTION ☐ Accessory Multi-family Commercial X 1 or 2 family dwelling JOB SITE INFORMATION AND LOCATION Job Address: 15545 SW SILETZ CT City/State/ZIP: BEAVERTON OR 97007 Suite/bldg./apt.no.: **Project Name: GONZALES** Cross Street/directions to job site: 1S120CA12700 Tax map/parcel no.: **DESCRIPTION OF WORK** REPLACE GAS FURNACE APPLICANT Name: Diane Mason Phone: 503-557-2220 Fax: 503-557-0919 Email: diane@tricountytemp.com CONTRACTOR CCB lic. no.: 72623 **Business Name: TRI COUNTY TEMP CONTROL INC** Contact: Address: 13150 S CLACKAMAS RIVER DR City/State/ZIP: , OREGON CITY OR 97045-1172 Fax: 5035570919 Phone: 5035572220 Email: sales@tricountytemp.com City lic. no.: Metro IIc. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and vold if it does not meet applicable land use laws and local ordinances.

FEE SCHEDULE

## Residential Mechanical Authorization To Begin Work

**FEE SCHEDULE** 

05350-BMC-19-00794

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542

BZOP1-4615 Email: cunderwood@beavertonoregon.gov

Approval Code: 006275 11/6/2019 1:12:05PM E-mailed To: djnelson@westernheating.com

\$46.75

ΤΥ	PE OF WORK		FE
New Construction	X Addition/alte	ration/replacement	Description
CATEGORY	OF CONSTRUCTION		Heating/Cooling Appliances
	family	☐ Accessory	Furnace - up to 100,000 BTU
	A CONTRACTOR OF THE PROPERTY O		Minimum Fees
And the second s	RMATION AND LOCAT	ION	Balance of permit fees
Job Address: 16875 NW TORREY PIN	ESCI		Mechanical Permit Fees
City/State/ZIP: BEAVERTON OR 97006			Subtotal
Suite/bldg./apt.no.:			State surcharge (12% of permit total)
Project Name: Kangas			TOTAL PERMIT FEE
Cross Street/directions to job site:			
Tax map/parcel no.: 1N131DD01000	0		3
DESCR remove and replace gas furnace	IPTION OF WORK		
	APPLICANT		
Name: Darcy Nelson	ARREICAIO		
Phone: 503-647-5808	Fax: 503-543-3693		
Email: djnelson@westernheating.com			
60	ONTRACTOR		
	CCB lic. no.: 76978		
Business Name: WESTERN HEATING	& COOLING INC		<u> </u>
Contact:			,
Address: PO BOX 386			
City/State/ZIP: , SCAPPOOSE OR 970	056		_
Phone: 5035435599	Fax: 5035433693		
Email: djnelson@westernheating.com			
Metro lic. no.:	City lic. no.:		1

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00795

**FEE SCHEDULE** 

Beaverton Phone: 503-526-2542

12725 SW Milikan Way Beaverton, OR 97076

Email: cunderwood@beavertonoregon.gov

Description

Only) Minimum Fees Balance of permit fees

Subtotal

total)

Heating/Cooling Appliances Furnace - up to 100,000 BTU

Air Conditioning (Detached Homes

Mechanical Permit Fees

**TOTAL PERMIT FEE** 

State surcharge (12% of permit

Approval Code: 516045 11/6/2019 1:54:30PM E-mailed To: Megan@hybridhc.com

Ea.

\$46.75

\$46.75

Total

\$46.75

\$46.75

\$4,13

\$97.63

\$11.72

\$109.35

Qty.

1

	TYPE OF	WORK	
☐ New Construction		X Addition/alte	eration/replacement
C	ATEGORY OF	CONSTRUCTION	
1 or 2 family dwelling	Multi-family	Commercial	Accessory
JOB S	SITE INFORMAT	ION AND LOCAT	TION
Job Address: 15578 SW F	PERIDOT WAY		
City/State/ZIP: BEAVERTO	ON OR 97007		
Suite/bldg./apt.no.:		· · · · · · · · · · · · · · · · · · ·	
Project Name:			
Cross Street/directions to j	ob site:	+	
Tax map/parcel no.: 1S	129CA06000		
	DESCRIPTIO	N OF WORK	
Install AC and Furnace			
No.	APPLI	CANT	
Name: Natasha Koiv			
Phone: 9712271513		Fax;	
Email: Megan@hybridhc.co	m		
	CONTRA	ACTOR	
	co	CB lic. no.: 142703	
Business Name: HYBRID H	EATING & AIR CON	IDITIONING CO	
Contact:			
Address: PO BOX 329			
City/State/ZIP: , CORNELI	US OR 97113		
Phone: 5033575663		Fax: 5033570668	
Email: kevin@hybrldhc.con	n		
Metro lic. no.:		City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.



signature:

### Mechanical Permit Application

City of Beaverton Community Development Building Division 12725 SW Millikan Way PO Box 4755, Beaverton, OR 97076 Phone: (503) 526-2403 Fax: (503) 526-2550 www.BeavertonOregon.gov

☐ New construction	Addition/alteration/replacement
☐ Demolition	Other, Specify:
CATE	GORY OF CONSTRUCTION
1- and 2-family dwelling	☐ Commercial/industrial ☐ Accessory building ☐ Master builder ☐ Other, Specify:
and the second s	INFORMATION AND LOCATION
Job site address: 92	75 SW 130+4 AVE LRTON: OR. 97008
City/State/ZIP: Beave	LRTON. OR. 97008
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	1
D	ESCRIPTION OF WORK
full curin, NE	Ew 95% efficincy furnac
Gas pipe.	·
PROPERTY OWN	IER
Name: $E//\alpha$ $B/$	2UCKEN
Address: 92 7.5 .	SU) 130+h AVR
City/State/ZIP: Beave	RTON OR 97008
	7273 Fax:
E-mail:	
	APPLICANT
Business name:	
Contact name:	
Address:	
City/State/ZIP:	•
Phone:	Fax:
E-mail:	
	CONTRACTOR
Business name: A Qua	lity service Heating and G
Address: 20406	Jennings WAY
City/State/ZIP: Cal Ju	vel . ID, 83606
Phone: (971) 275	- 2347 Fax:
E-mail: PPahnyuk	@ pcfruit, com
CCB lic.: 182024	City or metro lic.:
Authorized A	1-8

OFFICE	JSE ONLY
Date Received: 1-7-19	Permit No.: B 2019 - 4643
Date Issued: 1-7-19	By: 1/W
	Payment Type: 156

	Payment	Type:	V154	
COMMERCIAL FEE SCHE	DULE -	USE	CHECKLIST	
Bag and the state of the state				
Mechanical permit fees are based on the value (rounded to the nearest dollar) of a overhead, and profit.	ll mechar	nical m	aterials, equi	l. Indicate the pment, labor, for value.
	e: \$ 0.00		ugo _	
RESIDENTIAL EQUIPM	ENT/QV	CTEM	S FEES	
				**************************************
For special informa		Спески	Ea.	Total
Description	Qty.	V DTII	La,	10(0)
Heating/cooling **For Furnace, select>>	aver 100	1	54,91	
Furnace, incl. ductwork, vent, and liner **		-	46.75	
Air conditioner 1			61.06	
Heat pump 1			23.32	
Duct work, alterations and additions			23.32	<del></del>
Hydronic piping system  Boiler, incl. vent** Select One			0.00	
Gas heaters/unit in-wall, in-duct,	,		46.75	
suspended, etc. not incl. vent.		$\dashv$	23.32	
Other:		i_	20.02	
Other fuel appliances	·		23.32	
Water heater		_	33.39	
Gas fireplace/insert/stove		-	23.32	
Gas log/log lighter		-	23.32	
Pool or spa heater, kiln*		-	33.39	
Wood/pellet stove/insert		-	33.39	
Wood fireplace	<u> </u>	$\dashv$	33.39	
Chimney/liner/flue/vent w/o appliance		-	23.32	
Oil tanks/gas/diesel generators			23.32	
Other:				
Environmental exhaust and ventilation			33.39	
Range hood/other kitchen equipment		$\neg$	33.39	
Single-duct exhaust (bathrooms, toilet			23.32	
compartments, utility rooms)			23.32	
Attic/crawlspace fans Whole house ventilation or Radon			23.32	
mitigation			23.32	
Other:	J		23.32	
Fuel piping			···	<del></del>
\$14.15 for first four; \$4.03 for each addit	ional	-	(61 4) - 6 -	Г
Furnace	<u> </u>		#/outlets	Total # of fuel plping
Wall/suspended/unit heater	ļ <u>-</u>		#/outlets	outlets:
Water heater	<u> </u>	-	#/outlets	0
Fireplace/log lighter/gas log		-	#/outlets	
Range			#/outlets	Total cost for fuel piping
Barbecue	<u> </u>	$\dashv$	#/outlets	outlets:
Clothes dryer	<b> </b>		#/outlets #/outlets	L
pother: CALCULATE MECHANICAL PERMIT F	I EES		#/outlets	
	ubtotal			
Minimum pe				97.63
Check for Plan Review (25% of pen				
State surcharge (12% of per				, 11.72
TOTAL PERM			****	\$109.35

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

1 - Site plan required for an outdoor unit.

Date: //

2 - Requires approval from Building Codes Division.



Print name:

## Mechanical Permit Application

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD BeavertonOregon.gov

TYPE OF WORK

OFFICE	USE ONLY
Date Received: 11-(0-19	Permit No.: B2019-4Ce19
Date Issued: 1-0-19	By: WE
	Payment Type: V155

COMMERCIAL FEE SCHEDULE - USE CHECKLIST					
Mechanical permit fees are based on the value (rounded to the nearest dollar) of a overhead, and profit.	value of the	work performed al materials, equi	. Indica pment,		
++Va	lue: \$ 20	$\sim$			
RESIDENTIAL EQUIPM	ENT / SYST	EMS FEES			
For special informa			Tot		
Description	Qty.	Ea.			
Heating/cooling		T			
Furnace, incl. ductwork, vent, and liner	· · · · · · · · · · · · · · · · · · ·	10.75			
Air conditioner		46.75			
Heat pump		61.06			
Duct work, alterations and additions		23,32			
Hydronic piping system		23.32			
Boiler, Incl. vent** Gas heaters/unit in-wall, in-duct, suspended, etc. not incl. vent.		46.75			
Other:		23,32			
Other fuel appliances		1,0,01			
Water heater		23,32			
Gas fireplace/insert/stove		33,39			
Gas log/log lighter		23,32			
		23,32			
Pool or spa heater, kiln* Wood/pellet stove/insert		33,39			
		33,39			
Wood fireplace		33,39			
Chimney/liner/flue/vent w/o appliance		23,32			
Oil tanks/gas/diesel generators		23,32			
Other: Environmental exhaust and ventilation		23.32			
	1	33.39			
Range hood/other kitchen equipment Clothes dryer exhaust		33,39			
Single-duct exhaust (bathrooms, toilet		00,00			
compartments, utility rooms)		23.32			
Attic/crawlspace fans		23.32			
Whole house ventilation or Radon mitigation		23.32			
Other:		23.32			
Fuel piping					
\$14.15 for first four; \$4.03 for each addit	ional				
Furnace		#/outlets			
Wall/suspended/unit heater		#/outlets			
Water heater	· · · · · · · · · · · · · · · · · · ·	#/outlets			
Fireplace/log lighter/gas log		#/outlets			
Range		#/outlets	***		
Barbecue		#/outlets			
Clothes dryer		#/outlets			
Other:		#/outlets			
MECHANICAL	PERMIT FF				
	ubtotal				
Minimum per Plan review ( 25% of per					
State surcharge (12% of per					

MECHANICAL PERMIT	LEES
Subtotal	
Minimum permit fee	97.6
Plan review ( 25% of permit fee)	
State surcharge (12% of permit fee)	
TOTAL PERMIT FEE	3161.91
This permit application expires if a permit is after it has been accepted a	not obtained within 180 days s complete.
* Site plan required for an outdoor unit ** State Building Codes Division's approval requi ++ See Fee Schedule	red
Form B70-1003	REV 1

☐ New construction ☐ Demolition	Other, Specify:	
c	ATEGORY OF CONSTRUCTION	
☐ 1- and 2-family dwelling	Commercial/industrial	
JOB S	ITE INFORMATION AND LOCATION	
Job site address: 3300	Sw Hocken Avr. # 104	
City/State/ZIP: Beauc	Hon, OR 97005	
Suite/bldg./apt. no.:	Project name:	
Cross street/directions to job	site:	
3 Marst fai	n for nails abotion	
Subdivision:	Lot no.:	
Tax map/parcel no.:		
	DESCRIPTION OF WORK	
3 ex haust for stan	kless ov/4, vent	
☐ PROPERTY (	OWNERTENANT	
Name:		
Address:		
City/State/ZIP:		
Phone:	Fax:	
E-mail:		
	APPLICANT	
Business name:	L GENERAL Construction	
Contact name: Tel	lercon le	
Address: 3300 C	W Abollen treste 104	
City/State/ZIP: bea V	· · · · · · · · · · · · · · · · · · ·	
Phone:	Fax:	
E-mail:		
	CONTRACTOR	
Business name:	11 CATALADAL emotornos	
Address: 19ho C	al 19+ PA	
City/State/ZIP:	and pa- 223	
Phone: CO	(a a (7) Fax: 03, Arg aveg	
E-mail: \( \overline{\chi} \) / // \( \overline{\chi} \)	Tather con-	
CCB (ic.: 22431	City or metro lic.	
~~ V / / /	1 1111	



signature:

Print name:

## **Mechanical Permit Application**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD BeavertonOregon.gov

	TYPE OF WORK			
☐ New construction ☐ Demolition	☐ Other, Specify:	replacement		
CA	TEGORY OF CONSTRU	CTION		
☐ 1- and 2-family dwelling ☐ Multi-family		rial Accessory building  Other, Specify:		
	E INFORMATION AND			
Job site address: 11645	SW Beaves	ton Hillspelettery 97005		
City/State/ZIP: Beave	eston, bk	97005		
Suite/bldg./apt. no.:		et name: Nelsolous Tep		
		lillsdalethy, Room		
Next to	Honey Bake	ed Ham		
	,			
Subdivision:	Lot no	).:		
Tax map/parcel no.:		-		
	DESCRIPTION OF WO	₹K		
ADD Z Bath	Fans			
☐ PROPERTY O	WNER	☑ TENANT		
Name: Nebelous	Tap Room	/ Dayton Rodegerdt		
Address: 11645 54	Beaverton	/ Dayton Rodegerdt Hillsdale Huy		
City/State/ZIP: Beques	400,00 97	005		
Phone:	Fax:			
E-mail: drodegera	) + 4 gol, cor	u		
	APPLICANT			
Business name: Proje	icts Plus			
Contact name: Rob	terry	·		
Address: 148455		challs Do pub 347		
City/State/ZIP: Beaue	Mon, OR 9	17007		
Phone: 503 81669	, l <u> </u>			
E-mail: projectsp	lusby & hot	mail.com		
	CONTRACTOR			
Business name: Danat Heating				
Address: PoBox 56327				
City/State/ZIP: Port	· · · · · · · · · · · · · · · · · · ·	97238-6327		
Phone: 503 236 6	344 Fax:			
E-mail:				
CCB lic.: 87256		r metro lic.: 3365		

OFFICE USE ONLY				
Date Received: 11-6-19	Permit No.: 72019-4618			
Date Issued: 1 - (0 - 1 9	By: M			
*	Payment Type: VISC			

### COMMERCIAL FEE SCHEDULE - USE CHECKLIST Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overnead, and profit. \$ 7000 ++Value:\$ RESIDENTIAL EQUIPMENT / SYSTEMS FEES For special information use checklist. Total Description Ea. Heating/cooling Furnace, incl. ductwork, vent, and liner 46.75 Air conditioner 61,06 Heat pump 23,32 Duct work, alterations and additions 23,32 Hydronic piping system Boiler, incl. vent\*\* Gas heaters/unit in-wall, in-duct, suspended, etc. not incl. vent. 46.75 23.32 Other: Other fuel appliances 23,32 Water heater Gas fireplace/insert/stove 33,39 23.32 Gas log/log lighter 23,32 Pool or spa heater, kiln\* 33,39 Wood/pellet stove/insert 33,39 Wood fireplace 33,39 Chimney/liner/flue/vent w/o appliance Oil tanks/gas/diesel generators 23,32 23.32 Environmental exhaust and ventilation 33.39 Range hood/other kitchen equipment 33.39 Clothes dryer exhaust Single-duct exhaust (bathrooms, toilet 46.64 Z compartments, utility rooms) 23.32 Attic/crawlspace fans 23.32 Whole house ventilation or Radon 23,32 mitigation 23,32 Other: Fuel piping \$14.15 for first four; \$4.03 for each additional #/outlets Furnace #/outlets Wall/suspended/unit heater #/outlets Water heater #/outlets Fireplace/log lighter/gas log #/outlets Range Barbecue #/outlets Clothes dryer #/outlets Other: #/outlets **MECHANICAL PERMIT FEES** Subtotal 97.63 Minimum permit fee Plan review (25% of permit fee) State surcharge (12% of permit fee) \$360.8 **TOTAL PERMIT FEE**

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

- Site plan required for an outdoor unit
- \*\* State Building Codes Division's approval required
- ++ See Fee Schedule

Date: / L/



## **Mechanical Permit Application**

City of Beaverton Community Development Building Division 12725 SW Millikan Way PO Box 4755, Beaverton, OR 97076 Phone: (503) 526-2403 Fax: (503) 526-2550 www.BeavertonOregon.gov

OFFICE	USE ONLY
Date Received: 1 - (0 - 9	Permit No.: B 2019 - UCO
Date Issued: // -(0 -/ 9	By: WL
	Payment Type: Chulk

	TYPE OF V	VORK		
☐ New construction ☐ Addition/alteration/replacement ☐ Demolition ☐ Other, Specify:				
CA	TEGORY OF CO	NSTRUCTION		
∆ 1- and 2-famity dwelling Multi-family	☐ Commercia ☐ Master buil		ccessory building ther, Specify:	
JOB SIT	TE INFORMATIO	N AND LOCATION		
Job site address: 57.75	5W Chel	trut Ave		
City/State/ZIP: 3/01/	erton, C	OR 97005		
Suite/bldg./apt. no.:		Project name: Mag	Her Suite	
Cross street/directions to job s	Ite:			
SW P	inehurs.	+ Dr.		
Subdivision: Pinchurst	Bluck &	Lot no.: 5		
Tax map/parcel no.: 15	MHCAD	2300		
	DESCRIPTION	OF WORK		
New may ter ba	th exhau	1st fan an	d water	
Closex exhau	, N	, ,		
PROPERTY O	Turner and the second by the transfer of the second	□ TE	NANT	
Name: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	)(×			
Address: 57.75 4)	2 Chesta	MY AIR		
City/State/ZIP: RPA VPS	tan OR	97005		
Phone: 971-2/de-1	59.1	Fax:		
E-mail: ADAAX	Drank!	com		
300,000	APPLICA	INT		
Business name: 1/A			****	
Contact name:	NX			
Address: Game	<u> </u>			
City/State/ZIP:				
Phone:		Fax:		
E-mail:		1		
	CONTRACT	OR		
Business name: \(\xi\xi\xi	MMANLY	multion Gra	oup ILL	
Address: 16267	61 Mak	in and I	7/	
City/State/ZIP: T:	I AR	27774	,	
Phone: 5/2-30/	1257	Fax:		
E-mail:	17010	1		
2011115-	7 .	City or metro lic.:		
CCB lic.: 7405		)		
Authorized signature:		<u></u>	31///	
Print name:	Sur Di	X	Date: 1/6/14	

	Payment	Type: (M)	<u> </u>
COMMERCIAL FEE SCHE	DULE -	USE CHECKLIST	
Mechanical permit fees are based on th value (rounded to the nearest dollar) of overhead, and profit.	all mechan	the work performed nical materials, equ ble on Page 2	ipment, labor,
	ue: \$0.00		
RESIDENTIAL EQUIPM	MENT / SY	STEMS FEES	
For special inform	ation use e	checklist.	
Description	Qty.	Ea.	Total
Heating/cooling **For Furnace, select>>	Over 100	K BTU	
Fumace, incl. ductwork, vent, and liner **		54.91	
Air conditioner 1		46.75	
Heat pump 1		61.06	
Duct work, alterations and additions		23.32	
Hydronic piping system		23.32	
Boiler, incl. vent** Select One		0.00	
Gas heaters/unit in-wall, in-duct,		46.75	
suspended, etc. not incl. vent.		23,32	
Other:		20,02	
Other fuel appliances	1	23.32	
Water heater		33.39	
Gas fireplace/insert/stove	<del> </del>	23.32	
Gas log/log lighter	<del> </del>	23.32	
Pool or spa heater, kiln*	+	33.39	
Wood/pellet stove/insert	<del> </del>	33.39	
Wood fireplace	<del> </del>	33.39	
Chimney/liner/flue/vent w/o appliance		23.32	
Oil tanks/gas/diesel generators	<del></del>	23.32	<u> </u>
Other:	<u> </u>	20.02	
Environmental exhaust and ventilation	<u>n</u>	33.39	
Range hood/other kitchen equipment		33.39	
Clothes dryer exhaust Single-duct exhaust (bathrooms, toilet	+		11/ /2/
compartments, utility rooms)	<u> </u>	23.32	46,64
Attic/crawlspace fans		23.32	
Whole house ventilation or Radon		23.32	
mitigation	+	23.32	
Other:	<u> </u>	1 20.02	l
Fuel piping	itional		
\$14.15 for first four; \$4.03 for each add	litional	#/outlets	Total # of
Furnace	1	#/outlets	fuel piping
Wall/suspended/unit heater			outlets:
Water heater		#/outlets	(
Fireplace/log lighter/gas log	+	#/outlets	1
Range	+	#/outlets #/outlets	Total cost for
Barbecue	<b>-</b>		outlets:
Clothes dryer		#/outlets	
Other:	_L rees	#/outlets	
CALCULATE MECHANICAL PERMIT			regulgitudi, Mine
Minimum pe	Subtotal ermit fee		97.63
Check for Plan Review (25% of per			07.00
State surcharge (12% of per			11.72
TOTAL PERI			\$109.35
This permit application expires if a		not obtained with	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

- 1 Site plan required for an outdoor unit.
- 2 Requires approval from Building Codes Division.



## **Mechanical Permit Application**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD BeavertonOregon.gov

<ul><li>☐ New construction</li><li>☐ Demolition</li></ul>	☑ Addition/alteration/replacement ☐ Other, Specify:			
CA	TEGORY OF CO	NSTRUCTION		
1- and 2-family dwelling Multi-family	☐ Commercial/industrial ☐ Accessory building ☐ Master builder ☐ Other, Specify:			
JOB SIT	TE INFORMATIO	N AND LOCA	ATION	
Job site address: 14/155	SLA Dear 1	ane		
	on, OR			
Suite/bldg./apt. no.:	0,0,0,10	Project name	e:	
Cross street/directions to job s	ite: (\au)ies	and Sc	-lastle Fema-	
			0	
Subdivision:		Lot no.:		
Tax map/parcel no.:				
	DESCRIPTION			
Replacing old ga additional due	tions	ie and p		<del>)</del>
PROPERTY O	NNER		TENANT	A P
Name: Vanielle 1	colp			
	Deer Lan			
City/State/ZIP: Beower	100, OR 97	1008	· \	
Phone: 503-999-78	*57	Fax:		
E-mail: dcoleschiffe	g) amail.  APPLICA	Cóm Ant		
Business name: NOMP A	oner			
Contact name:	01001			
Address:				
City/State/ZIP:				
Phone:		Fax:		_
E-mail:				
	CONTRACT	OR		1000
Business name: // winson	n Heatro	******	moderal -	
Address:	· reading	) and c	00 000	
City/State/ZIP:				
Phone:		Fax:		
E-mail:		<u> </u>		
CCB lic.: 100715		City or metro	o lic.:	
Authorized signature: Vauul	liffe			
Print name:	Wales 1		Date:	9

OFFICE USE ONLY				
Date Received: 11-6-19	Permit No.: B2019-4599			
Date Issued: 1 - (0 - 17	By: We			
	Payment Type: AMX			

	Payment Type: $AMX$			
COMMERCIAL FEE SCH	 EDULE - L	JSE CHECKLIST		
Mechanical permit fees are based on th value (rounded to the nearest dollar) of overhead, and profit.	e value of th all mechani	ne work performed cal materials, equi	. Indicate the oment, labor	
++V	alue: \$			
RESIDENTIAL EQUIPI	MENT/SYS	TEMS FEES		
For special inform	nation use ci	hecklist.		
Description	Qty.	Ea.	Total	
Heating/cooling				
Furnace, incl. ductwork, vent, and liner				
Air conditioner	` <u> </u>	46.75		
Heat pump		61.06		
Duct work, alterations and additions		23.32		
Hydronic piping system		23.32		
Boiler, incl. vent**				
Gas heaters/unit in-wall, in-duct, suspended, etc. not incl. vent.		46.75		
Other:		23,32		
Other fuel appliances				
Water heater		23,32		
Gas fireplace/insert/stove		33,39		
Gas log/log lighter		23,32		
Pool or spa heater, kiln*		23,32		
Wood/pellet stove/insert		33,39		
Wood fireplace		33,39		
Chimney/liner/flue/vent w/o appliance		33,39		
Oil tanks/gas/diesel generators		23,32		
Other:		23.32		
Environmental exhaust and ventilation	on			
Range hood/other kitchen equipment		33.39		
Clothes dryer exhaust		33,39		
Single-duct exhaust (bathrooms, toilet		02.20		
compartments, utility rooms)		23.32		
Attic/crawlspace fans Whole house ventilation or Radon		23.32		
mitigation		23.32		
Other:		23.32		
Fuel piping				
\$14.15 for first four; \$4.03 for each add	itional			
Furnace		#/outlets		
Wall/suspended/unit heater		#/outlets		
Water heater		#/outlets		
Fireplace/log lighter/gas log		#/outlets		
Range		#/outlets		
Barbecue		#/outlets		
Clothes dryer		#/outlets		
Other:		#/outlets		
MECHANICA	L PERMIT F	EES		
	Subtotal			
Minimum pe	ermit fee		97.63	
Plan review ( 25% of pe	rmit fee)			
State surcharge (12% of pe			-	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

- \* Site plan required for an outdoor unit \*\* State Building Codes Division's approval required ++ See Fee Schedule



Authorized

signature:

Print name: Elenita Ronquillo

## **Mechanical Permit Application**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222

OFFICE USE ONLY				
Date Received:	Permit No.: 8) 2019-4588			
Date Issued:	B			
	Payment Type:			

33.	BeavertonOregon.gov		Paymenti	ура,	
TYPE OF V	VORK	COMMERCIAL FEE SCHE	OULE 🛶 U	SE CHECKLIST	
	eration/replacement cify:	Mechanical permit fees are based on the value (rounded to the nearest dollar) of a overhead, and profit.	value of th	e work performed. cal materials, equip	Indicate the ment, labor,
CATEGORY OF CO	NSTRUCTION	++Va	ue: \$		
☑ 1- and 2-family dwelling ☐ Commercia	al/industrial	RESIDENTIAL EQUIPM	ENT/SYS	TEMS FEES	10.80
☐ Multi-family ☐ Master bui		For special informa	2 2 3 4 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-
<u> </u>		Description	Qty.	Ea.	Tolal
JOB SITE INFORMATIO	N AND LOGATION	Heating/cooling			
Job site address: 8205 SW Canyor	ı Ln	Furnace, Incl. ductwork, vent, and liner			
City/State/ZIP: Portland, OR 972	25	Air conditioner		46.75	
Suite/bldg./apt. no.:	Project name: Miller 33940	Heat pump		61.06 23.32	
	Trojection   Million Coo 10	Duct work, alterations and additions		23.32	
Cross street/directions to job site:		Hydronic piping system	<u></u>	20.02	
·		Boiler, incl. vent** Gas heaters/unit in-wall, in-duct,		40.75	
		suspended, etc. not incl. vent.	<u> </u>	46.75	
		Other:	İ	23.32	` <u> </u>
Subdivision:	Lot no.:	Other fuel appliances		23,32	
Tex map/parcel no.: 15112 BC03	ann o	Water heater Gas fireplace/insert/stove		33,39	
	CONTROL AND A DESCRIPTION OF THE PROPERTY OF T	Gas log/log lighter		23.32	
DESCRIPTION		Pool or spa healer, kiln*		23.32	
Install one (1) Dehumidifier in Ł	pasement	Wood/pellet stove/insert		33.39	
V -		Wood fireplace		33.39	
YZ PROPERTY OWNER	☐ TENANT	Chimney/liner/flue/vent w/o appliance		33,39	
Name: Russell Miller	Section 2 and a section of the secti	Oil tanks/gas/diesel generators		23.32	<del>,</del>
		Other:	<u> </u>	20.02	······································
Address: 8205 SW Canyon Ln		Environmental exhaust and ventilation	1	33.39	
city/state/ZIP: Portland, OR 9725	5	Clothes dryer exhaust		33.39	
Phone: 503-297-5444	Fax:	Single-duct exhaust (bathrooms, toilet compartments, utility rooms)		23.32	
E-mail:		Attle/crawlspace fans		23.32	
APPLIC	ANT	Whole house ventilation or Radon mitigation		23.32	w
Business name: TerraFirma Foun	dation Systems	Other: dehurnidifier		23.32	
		Fuel piping			
Contact name: Elenita Ronquillo		\$14.15 for first four; \$4.03 for each add	tional		
Address: 13110 SW Wall St.		Furnace	<b></b>	#/outlets	щ
City/State/ZIP: Tigard, OR 97223		Wall/suspended/unit heater	<del> </del>	#/outlets	
Phone: 971-205-5235	Fax:	Water heater Fireplace/log lighter/gas log		#/outlets	
E-mail: eronquillo@terrafirmafs	com	Range		#/outlets	
		Berbecue	1	#/outlets	
GONTRACT	THE ASSESSMENT SECRET S	Clothes dryer		#/outlets	<u></u>
Business name: TerraFirma Found	lation Systems	Other:	- COMMIT	#/outlets	arek erana
Address: 13110 SW Wall St.		/MECHANICA	Subtota)	reco	
City/State/ZIP: Tigard, OR 97223		Minimum pe	irmit fee		97.63
Phone: 541-992-2435	Fax:	Plan review ( 25% of pe			
E-mail:		State surcharge (12% of pe		······································	
CCB (Ic.: 173547	City or metro lic.:	This permit application expires if a		ot obtained within	180 days
····		I this heims abbitoning achies a			,

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

Form B70-1003

- Site plan required for an outdoor unit
   State Building Codes Division's approval required
- ++ See Fee Schedule

Date: 10/31/



## **Mechanical Permit Application**

City of Beaverton Community Development	
Building Division	
12725 SW Millikan Way	
PO Box 4755, Beaverton, OR 97076	
Phone: (503) 526-2403 Fax: (503) 526-2550	
www.BeavertonOregon.gov	

a Contacto	TYPE OF	WORK	
☐ New construction ☐ Demailtion	Addition/a	iteration/replacem ecify:	ent
CATE	GORY OF CO	ONSTRUCTION	
☐ 1- and 2-family dwelling ☐ Multi-family	Commerci	al/industrial ilder	☐ Accessory building ☐ Other, Specify:
JOB SITE	INFORMATIO	N AND LOCATI	ON
Job site address: 4145	SW W	Vatson	Ave
City/State/ZIP: Beaverto	IN OR	97005	₩4
City/State/ZIP: Beaver of Suite/1010 Dept. no.: The Ki	ond d	Project name:	1 2 Floor HVAC
Cross street/directions to job site	: AK	24 Insian	its 19
		T U	7.91 ***
	·		
		1	
Subdivision:		Lot no.:	
Tax map/parcel no.:			
	ESCRIPTION		
HVAG Modification	on to a	ccommode	te 7.1.
PROPERTY OWN			] TENANT
Name: (Rep) Scanlant	temper Bo	usd Com	panies
Name: (Rep) Scanlant Address: 2020 SW 4	1th Ave		
City/State/ZIP: Portland	or 9"	7201	
Phone: 503-954-2919		Fax:	
E-mail:		•	
	APPLICA	NT	
Business name: Hunter-D	avisson.	INC.	
Business name: Hunter D Contact name: Ryan R	teet		
Address: 1800 5E 1	Brshing	Stroet	
Address: 1800 SE 1 City/State/ZIP: Portland	of Ja	7202	
Phone: 503-542-362		Fax:	
	7	. 2010	
POISEIGINANI	CONTRACTO		
Business name:	15 About		
Address:	13 7760		
City/State/ZIP:			
Phone:		Fax;	
		I DA,	
E-mail:			
CCB Ho.: 161g	Az 1	City or metro lic	
Authorized 2	Heet	<u> </u>	
Print name: Ryo, N for	teet		Date: 10-09-19

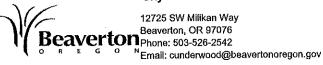
			OFFICE	USE ONLY
Date Received:	0	バチ	105	Permit No.: 187019-4335
Date Issued:		1	من برسي	BÝ:/
	To de la constante de la const	141	NA	Payment Type:

1/4/2019	Payme	nt Type:	
COMMERCIAL FEE SCH	EDULE -	- USE CHECK	LIST
	all mech Use Ta	anical materials, able on Page	rmed. Indicate the equipment, labor 2 2 for value.
*Va	lue: \$ 💪	10,000	
RESIDENTIAL EQUIP			
For special inform			Tatal
Description	Qfy > Över 10		Total
Heating/cooling **For Furnace, select>	- Over 10		01
Furnace, incl. ductwork, vent, and liner **	-	54.	
Air conditioner 1	<b>_</b>	46.	
Heat pump t	-	61.	
Duct work, alterations and additions	<del> </del>	23.	
Hydronic piping system		23.	
Boiler, incl. vent** Select One Gas heaters/unit in-wall, in-duct.			00
suspended, etc. not incl. vent.	1	46.	75
Other:		23.	32
Other fuel appliances			
Water heater		23.	32
Gas fireplace/insert/stove		33.	39
Gas log/log lighter		23.	32
Pool or spa heater, kiln*		23.	32
Wood/pellet stove/insert		33.	39
Wood fireplace		33.	39
Chimney/liner/flue/vent w/o appliance		33.	39 *
Oil tanks/gas/diesel generators		23.	32
Other:		23.	32
Environmental exhaust and ventilation	n		
Range hood/other kitchen equipment		33,	39
Clothes dryer exhaust		33,	39
Single-duct exhaust (bathrooms, tollet		23.5	32
compartments, utility rooms)	<del> </del>	23.3	32
Attic/crawlspace fans Whole house ventilation or Radon	<del> </del>		
mitigation		23.3	32
Other:	<u> </u>		32
Fuel piping			
\$14.15 for first four; \$4.03 for each addi	tlonaf		
Furnace	ļ	#/outlets	
Wall/suspended/unit heater		#/outlets	fuel piping outlets:
Water heater	ļ	#/outlets	3
Fireplace/log lighter/gas log		#/outlets	3 0
Range		#/outlets	Total cost for
Barbecue	ļ	#/outlets	fuel piping outlets:
Clothes dryer	<u> </u>	#/outlets	guilets;
Other:		#/outlets	
CALCULATE MECHANICAL PERMIT F			
<del></del>	ubtotal		07.00
Minimum pe			97.63
Check for Plan Review (25% of per			44.70
State surcharge (12% of per			11.72 \$100.35
TOTAL PERM	III FEE		\$109,35

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

- 1 Site plan required for an outdoor unit.
- 2 Requires approval from Building Codes Division.

1520131



12725 SW Milikan Way Beaverton, OR 97076

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00787

Approval Code: 911305 10/31/2019 5:50:35PM E-mailed To: permits@wolfersheating.com

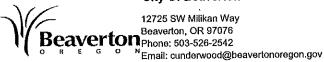
	TYPE OF WORK
New Construction	Addition/alteration/replacement
CATEG	ORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITE II	NFORMATION AND LOCATION
Job Address: 17190 SW WATER	RCREST CT
City/State/ZIP: BEAVERTON OR	97006
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site	»:
Tax map/parcel no.: 1S106AB	303500
	SCRIPTION OF WORK
Installing Gas Furnace	
	APPLICANT
Name: Kristi Loschiavo	,
Phone: 5032201901	Fax:
Email: permits@wolfersheating.co	om .
STORES OF SACTORS FRANCE.	CONTRACTOR
	GCB (ic. no.: 1911
Business Name: WOLFERS INC	
Contact:	
Address: 1365 N FRONT ST	
City/State/ZIP:, WOODBURN O	R 97071
Phone: 5039814511	Fax: 5039810801
Email: cindyn@wolfersheating.c	om
Motro ile no :	City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SCHEDULE					
Description	Qty.	Ea.	Total		
Heating/Cooling Appliances					
Furnace - up to 100,000 BTU	1	\$46.75	\$46,75		
Minimum Fees					
Balance of permit fees			\$50.88		
Mechanical Permit Fees					
Subtotal			\$97.63		
State surcharge (12% of permit total)			\$11.72		
TOTAL PERMIT FEE			\$109.35		

### City Of Beaverton



12725 SW Milikan Way

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00790

FEE SCHEDULE

Approval Code: 07146G 11/4/2019 8:22:38AM E-mailed To: orders-retail-or@firesidedist.com

٦	TYPE OF WORK					
New Construction	New Construction X Addition/alteration/replacement					
CATEGO	RY OF CONSTRUCTION					
X 1 or 2 family dwelling M	ulti-family Commercial Accessory					
JOB SITE INF	ORMATION AND LOCATION					
Job Address: 15777 SW VILLAGE	CIR					
City/State/ZIP: BEAVERTON OR 97	007					
Suite/bldg./apt.no.:						
Project Name:						
Cross Street/directions to job site:						
Tax map/parcel no.: 1S117CD18						
	CRIPTION OF WORK					
extend gas line and install gas stove	•					
	APPLICANT					
Name: Amy Butterfield						
Phone: 5036848535	Fax: 5036205699					
Email: orders-retail-or@firesidedist.c	om					
	CONTRACTOR					
	CCB lic. no.: 201593					
Business Name: FIRESIDE CONTRA	ACTING SERVICES LLC					
Contact:						
Address: 18389 SW BOONES FERE	RY RD					
City/State/ZIP: , PORTLAND OR 97	7224					
Phone: 5036848535						
Filotie, 0000040000	Fax: 5036205699					
Email: orders-or@firesidedist.com	Fax: 5036205699					

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total
Gas Fuel Piping			
Gas Piping - first four	1	\$14.15	\$14.15
Other Fuel Burning Appliances			
Gas or wood fireplace/insert	1	\$33.39	\$33,39
Minimum Fees			
Balance of permit fees			\$50.09
Mechanical Permit Fees			
Subtotal			\$97,63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

## Residential Mechanical Authorization To Begin Work

05350-BMC-19-00791

F-mailed To: Iori integrityair@outlook.com

Approval Code: 05471G 11/4/2019 9:05:16AM

## City Of Beaverton

12725 SW Milikan Way Beaverton Beaverton, OR 97076 Phone: 503-526-2542

NEmail: cunderwood@beavertonoregon.gov

	TYPE OF WORK
New Construction	Addition/alteration/replacement
CATE	GORY OF CONSTRUCTION
X 1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITE	INFORMATION AND LOCATION
Job Address: 8160 SW BERRY	YHILL CT
City/State/ZIP: BEAVERTON O	R 97008
Suite/bldg./apt.no.:	
Project Name: Burton	
Cross Street/directions to job s	lte:
Tax map/parcel no.: 1S1276	BB06600
C	DESCRIPTION OF WORK
Install furnace and AC	
	APPLICANT
Name: Lori Roller	
Phone: 5035980966	Fax:
Email: lori.integrityair@outlook.c	com
	CONTRACTOR
	CCB (ic. no.: 203869
Business Name: INTEGRITY A	R LLC
Contact:	
Address: 16756 SW 72ND AVE	
City/State/ZIP: , PORTLAND C	DR 97224
Phone: 5035980966	Fax: 5035723594
Email: integrityair01@gmail.co	om
Metro lic. no.:	City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

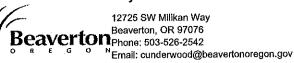
NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SCHEDULE					
Description	Qty.	Ea.	Total		
Heating/Cooling Appliances					
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75		
Air Conditioning (Detached Homes Only)	1	\$46.75	\$46.75		
Minimum Fees					
Balance of permit fees			\$4,13		
Mechanical Permit Fees					
Subtotal			\$97.63		
State surcharge (12% of permit total)			\$11.72		
TOTAL PERMIT FEE			\$109.35		

# B 2019-4552 Residential Mechanical Authorization To Begin Work

05350-BMC-19-00789

Approval Code: 491878 11/1/2019 1:42:48PM E-mailed To: danielle@centralairpdx.com



	TYPE OF WORK
New Construction	
CATE	GORY OF CONSTRUCTION
X 1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITÉ	INFORMATION AND LOCATION
Job Address: 1192 NW 174TH	PL
City/State/ZIP: BEAVERTON OF	R 97006
Suite/bldg./apt.no.:	
Project Name: 9216	
Cross Street/directions to job si	ite:
Toy manufactured to 1 4M424 A	AC07900
TOX Map par out to	ESCRIPTION OF WORK
Replace Furnace	
·	
	APPLICANT
Name: Jon Montgomery	APPLICANT
Name: Jon Montgomery Phone: 5036561908	APPLICANT  Fax: 5036503898
	Fax: 5036503898
Phone: 5036561908	Fax: 5036503898
Phone: 5036561908	Fax: 5036503898
Phone: 5036561908	Fax: 5036503898 om CONTRACTOR CCB lic. no.: 178624
Phone: 5036561908 Email: danielle@centralairpdx.cc	Fax: 5036503898 om CONTRACTOR CCB lic. no.: 178624
Phone: 5036561908  Email: danielle@centralairpdx.cc	Fax: 5036503898 om CONTRACTOR CCB lic. no.: 178624
Phone: 5036561908  Email: danielle@centralairpdx.co  Business Name: CENTRAL AIR  Contact:	Fax: 5036503898  Dom  CONTRACTOR  CCB (lic. no.: 178624
Phone: 5036561908  Email: danielle@centralairpdx.cc  Business Name: CENTRAL AIR  Contact:  Address: PO BOX 433	Fax: 5036503898  Dom  CONTRACTOR  CCB (lic. no.: 178624
Phone: 5036561908  Email: danielle@centralairpdx.cc  Business Name: CENTRAL AIR  Contact:  Address: PO BOX 433  City/State/ZIP: , CLACKAMAS	Fax: 5036503898  Om  CONTRACTOR  CCB IIc. no.: 178624  EINC  OR 97015  Fax: 5036503898

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SCHEDULE				
Description	Qty.	Ea.	Total	
Heating/Cooling Appliances				
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75	
Minimum Fees				
Balance of permit fees			\$50.88	
Mechanical Permit Fees				
Subtotal			\$97.63	
State surcharge (12% of permit total)			\$11.72	
TOTAL PERMIT FEE			\$109.35	

B2019-U551 Residential Mechanical Authorization To Begin Work

05350-BMC-19-00788

Approval Code: 06655B 11/1/2019 1:15:55PM

12725 SW Milikan Way Beaverton Beaverton, OR 97076 Phone: 503-526-2542

NEmail: cunderwood@beavertonoregon.gov

er er samme er big statistisk i	TYPE OF WORK			
New Construction	X Addition/alteration/replacement			
CAT	EGORY OF CONSTRUCTION			
1 or 2 family dwelling	Multi-family Commercial Accessory			
JOB SITE	INFORMATION AND LOCATION			
Job Address: 7221 SW CANY	ON LN			
City/State/ZIP: BEAVERTON C	DR 97225			
Suite/bldg./apt.no.:				
Project Name: WX/STEVE GOI	DMAN			
Cross Street/directions to job	site:			
Tax map/parcel no.: 1S101	DC02601			
	DESCRIPTION OF WORK			
REPLACE AIR CONDITIONER				
Name: STEVE GOLDMAN	APPLICANT			
Warne: STEVE GOLDWAN				
Phone: 5033890055	Fax:			
Email: deborah@advancedhva				
	CONTRACTOR			
	CCB lic. no.: 194814			
Business Name: ADVANCED	MECHANICAL SERVICES LLC			
Contact:				
Address: PO BOX 1699				
City/State/ZIP: , MCMINNVIL	LE OR 97128			
Phone: 5034348544	Fax:			
Email: robert@advancedhvac	service.com			
Metro lic. no.:	City lie, no.;			

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SCI	FEE SCHEDULE					
Description	Qty.	Ea.	Total			
Heating/Cooling Appliances						
Air Conditioning (Detached Homes Only)	1	\$46.75	\$46.75			
Minimum Fees						
Balance of permit fees			\$50.88			
Mechanical Permit Fees						
Subtotal			\$97.63			
State surcharge (12% of permit total)			\$11.72			
TOTAL PERMIT FEE			\$109.35			



## **Mechanical Permit Application**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 BeavertonOregon.gov

OFFICE USE ONLY			
Date Received:   -   -   9	Permit No.: B2019-4553		
Date Issued:   -   -   9	By: 1/1		
	Payment Type: Vi54		

	TYPE OF W	ORK					
☐ New construction ☐ Demolition	1						
CAT	TEGORY OF CO	NSTRUCTION					
<ul><li>☑ 1- and 2-family dwelling</li><li>☑ Multi-family</li></ul>	☐ Commercial ☐ Master build		☐ Accessory building ☐ Other, Specify:				
JOB SIT	JOB SITE INFORMATION AND LOCATION						
Job site address: 6535 S	W Imperial	Dr					
City/State/ZIP: Beaver	ton/OR/970	008					
Suite/bldg./apt. no.:		Project name:	Taggart				
Cross street/directions to job si	te:						
Imperial Drive and King		,					
subdivision: Wonderlar	nd	Lot no.:					
Tax map/parcel no.;		1 - 1 11111111					
	DESCRIPTION O	F WORK					
New 90%+ Gas Furnace	and 14 Seer A	vc					
☑ PROPERTY OWNER ☐ TENANT							
Name: Trevor Taggart							
Address: 6535 SW Im	perial Dr						
City/State/ZIP: Beaverton/OR/97008							
Phone: 503-708-8252	2	Fax:					
E-mail: gallow711@yahoo.com							
APPLICANT							
Business name:							
Contact name: Trevor Ta	aggart						
Address: same as abo	ove						
City/State/ZIP:							
Phone:		Fax:					
E-mail:							
CONTRACTOR							
Business name: HONQ.	Business name: HMML GWN &F						
Address: n/a							
City/State/ZIP:							
Phone:		Fax:					
E-mail:							
CCB lic.:		City or metro I	ic.:				
Authorized Signature: Trevor Tag	ıgart						

Print name: Trevor Taggart

the wo	CHECKLIS rk performe	ing contractive conference or for a				
nical ma	rk performe aterials, equ					
	Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit.					
500						
++Value: \$ 3,500  RESIDENTIAL EQUIPMENT/SYSTEMS FEES						
55%69%25	#1000000000000000000000000000000000000					
checkli:	Ea,	Total				
	La.	1 John				
$\neg$		0.00				
	46.75	46.75				
- -	61.06	40.75				
		<b>_</b>				
	23.32					
	23.32	-				
		<b></b>				
	46.75	46.75				
	23.32					
	***					
	23.32					
	33.39					
	23,32					
	23.32					
	33.39					
	33,39					
	33.39					
	23.32					
	23.32					
Other: 23.32 Environmental exhaust and ventilation						
	33.39					
	33.39					
	1.111					
	23.32					
	23.32					
	23.32					
	23.32					
		.1				
	#/outlets					
	#/outlets					
	#/outlets					
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	#/outlets					
	#/outlets					
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FEES	#/OUII <del>O</del> IS	n el centre de an				
		97.63				
24 4	1					
	11.7: \$10	#/outlets #/outlets FEES 24.41 11.72 \$ [09.35]				

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

- Site plan required for an outdoor unit
   \*\* State Building Codes Division's approval required
- ++ See Fee Schedule

Date: 10/30/2(



## **Mechanical Permit Application**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076

Phone: (503) 526-2493 Fax: (503) 526-2550 General Information (503) 526-2222 V/TDD BeavertonOregon.gov

TYPE OF WORK					
1					
CATEGOR	Y OF CON	STRUCTION			
☐ 1- and 2-family dwelling ☐ Commercial/industrial ☐ Accessory building ☐ Multi-family ☐ Master builder ☐ Other, Specify:					
JOB SITE INFO	RMATION	AND LOCATION	NC		
Job site address: //855 SW	Bruc	e Dr			
City/State/ZIP: Beavertor	en's		ř		
Suite/bldg./apt. no.:		Project name:	honeydew		
Cross street/directions to job site:			0		
Subdivision:	L	ot no.;			
Tax map/parcel no.:					
DESCR	IPTION OF	WORK			
wood stove	inser'	····			
PROPERTY OWNER		4	TENANT		
Name: @ Carr		<u>ah                                     </u>	^	_	
	w I	fruce.	Or		
City/State/ZIP: Beauer	. 1		008	_	
Phone: 503 803 53	84   F	ax:		_	
E-mail;				40,01	
Business name:	APPLICANT				
Contact name:				-	
Mare	<u>uls</u>	0		_	
Address: 1/865 Su City/State/ZIP: R	3,-	<u> </u>		$\dashv$	
needly as	<u>~ (</u>	<u> </u>	7700	-	
.Phone: 503 503 538 E-mail:	54 F	ax:			
	TPACTOR			70.7	
Business name: Chad US:					
Address: 11655 Sur Bruen Dr					
011-101-1-1717					
Phone: 503 803 5384 Fax:					
E-mail:					
CCB lic.:	С	ity or metro lic.;		$\dashv$	
Authorized				i	
signature:				-]	
Print name: Chad Net	500-		Date: /1 - / - / 9	7	

OFFICE USE ONLY				
Date Received: 10 - 1-19	Permit No.: B2019 - 4534			
Date Issued:   - - 7	By: WL			
	Payment Type: VS			

Date issued:   -   -   -	By: MA	Martin.		
	Payment Ty	ype: Visc	~	
COMMERCIAL FEE SCHEDULE - USE CHECKLIST				
Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor overhead, and profit.				
++1	Value: \$			
RESIDENTIAL EQUIP	PMENT / SYST	EMS FEES		
For special information use checklist.				
Description	Qty.	Ea.	Total	
Heating/cooling			<u> </u>	
Fumace, incl. ductwork, vent, and liner		•		
Air conditioner		46.75		
Heat pump		61.06		
Duct work, alterations and additions		23.32		
Hydronic piping system		23,32		
Boiler, incl. vent** Gas heaters/unit in-wall, in-duct,		10.75		
suspended, etc. not incl. vent.  Other:		46.75		
Other fuel appliances		23,32	L	
Water heater	····	22.20	1	
Gas fireplace/insert/stove		23,32		
Gas log/log lighter		33,39 23,32		
Pool or spa heater, kiln*		23,32		
Wood/pellet stove/insert		33,39	33.39	
Wood fireplace		33,39	22.2.1	
Chimney/liner/flue/vent w/o appliance		33,39		
Oil tanks/gas/diesel generators		23,32		
Other:		23.32		
Environmental exhaust and ventilati	nn	20.02		
Range hood/other kitchen equipment		33.39		
Clothes dryer exhaust		33,39	<del></del>	
Single-duct exhaust (bathrooms, toilet compartments, utility rooms)		23.32		
Attic/crawlspace fans		23.32		
Whole house ventilation or Radon mitigation		23.32		
Other:		23.32		
Fuel piping		***************************************		
\$14.15 for first four; \$4.03 for each add	litional			
Furnace		#/outlets		
Wall/suspended/unit heater		#/outlets		
Water heater		#/outlets		
Fireplace/log lighter/gas log		#/outlets		
Range		#/outlets		
Barbecue		#/outlets		
Clothes dryer		#/outlets		
Other:		#/outlets		
MECHANICAI	L PERMIT FEE	S		
	Subtotal			
Minimum pe	ermit fee		97.63	
Plan review ( 25% of per	rmit fee)			
State surcharge (12% of per				
TOTAL PERM	VIIT FEE	109.35	)	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

- \* Site plan required for an outdoor unit
   \*\* State Building Codes Division's approval required
- ++ See Fee Schedule



## Mechanical Permit Application Community and Economic Development

PO Box 4755, Beaverton, OR 97076 Phone: (503) 526-2403: Fax: (503) 526-2550 Internet address: www.BeavertonOragon.gov

	TYPE OF	WORK				
☐ New construction ☐ Demoiltion	☑ Addition/ai ☐ Other, Spe	iteration/replacem ecify:	ent			
CATEGORY OF CONSTRUCTION						
1- and 2-family dwelling Multi-family	☑ Commerci ☐ Master bul		☐ Accessory building ☐ Other, Specify:			
JOB SITE INFORMATION AND LOCATION						
Job site address: 4325 SW	/ 142nd Ave					
City/State/ZIP: Beavertor	ı, OR. 9700	5				
Sulte/bidg./apt. no.:	-	Project name:	Nike Furniture V			
Cross street/directions to job si	le:					
Marin Shire philips - Mighe Mil			-			
Subdivision:		Lot no.:	THE MANAGEMENT AND ADDRESS OF THE PARTY OF T			
Tax map/parcel no.:						
	DESCRIPTION (	OF WORK				
Replacement of (1) en Warehouse location.	try unit heate	er in the Nike	Furniture			
☑ PROPERTY OW	NER	E	TENANT			
Name: Nike						
Address: One Bowerman	n Drive					
City/State/ZIP: Beaverton	, OR. 9700	5				
Phone:	•	Fax:				
E-mail:						
	APPLICA	NT				
Business name: MacDona	ld-Miller					
Contact name: Jessica Sto	orm					
Address: 12911 NE Airpo	ort Way		THE Works			
City/State/ZIP: Portland, (	OR. 97230		·			
Phone: (503) 262-5403		Fax: (971) 2	44-0902			
E-mail: jessica.storm@r	nacmiller.co	m				
	CONTRACTO	R				
Business name: MacDonal	d-Miller					
Address: same as above						
City/State/ZIP:						
Phone:		Fax:				
E-mail:	7					
CCB (lo.: 154368	7]	City or metro ilc.	: <b>7</b> 740			
Authorized signature:						
Print name: Jessica Storn	1	·	Date: 09/30/19			

### RECEIVED

### OFFICE USE ONLY Date Received: 10/9/2019 B2019-4219 Permit No.: Date issued: By: CITY OF BEAVERTO Payment Type:

### BUILDING DIVISION COMMERCIAL FEE SCHEDULE - USE CHECKLIST Mechanical permit fees are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit. \*Use Table on Page 2 for value. \*Value: \$1,500.00 RESIDENTIAL EQUIPMENT / SYSTEMS FEES For special information use checklist. Description Total Qty Heating/cooling \*\*For Furnace, select>> Select One Furnace, Incl. ductwork, vent, and liner \*\* 44,10 Air conditioner 1 Heat pump 1 61.06 23.32 Duct work, alterations and additions 23.32 Hydronic piping system Boller, Incl. vent\*\* Select One Gas heaters/unit in-wall, in-duct, 46.75 suspended, etc. not incl. vent. 23.32 Other: Other fuel appliances 23.32 Water heater 33.39 Gas fireplace/insert/stova 23.32 Ges log/log lighter 22.00 Pool or spa heater, kiln\* 33.39 Wood/pellet stove/insert 33.39 Wood fireplace 33.39 Chimney/liner/flue/vent w/o appliance 23.32 Oil tanks/gas/diesel generators 23.32 Other: Environmental exhaust and ventilation 33.39 Range hood/other kitchen equipment 33.39 Clothes dryer exhaust Single-duct exhaust (bathrooms, tollet compartments, utility rooms) 23.32 23.32 Attic/crawispace fans Whole house ventilation or Radon 23.32 mitigation 23.32 Other: Fuel piping \$14.15 for first four; \$4.03 for each additional #/outlets Fumace Wall/auspended/unit heater #/outlets Water heater #/outlets Fireplace/log lighter/gas log #/outlets #/outlets Range Barbecue #/oullets Clothes dryer #/outlets #/outlets Other. **CALCULATE MECHANICAL PERMIT FEES** Subtotal Minimum permit fee 97.63 Check for Plan Review (25% of permit fee) State surcharge (12% of permit fee) 11.97

This permit application expires if a permit is not obtained within 160 days 40.88 after it has been accepted as complete.

TOTAL PERMIT FEE

- 1 Site plan required for an outdoor unit.
- 2 Requires approval from Building Codes Division.

\$109.60

## Residential Mechanical Authorization To Begin Work

**FEE SCHEDULE** 

05350-BMC-19-00849

Total

\$23.32

\$74.31

\$97.63

\$11.72

\$109.35

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Approval Code: 026692 11/26/2019 9:09:58AM E-mailed To: shayla@eworksnw.com

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Ea,

\$23.32

	TYPE OF WORK	FEE SCI	HEDL
New Construction	Addition/alteration/replacement	Description	C
CATEGO	ORY OF CONSTRUCTION	Environmental Exhaust and Ventil	ation
5 (5 ( ) 5 ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Multi-family Commercial Accessory	Attic/crawl space fans	
	FORMATION AND LOCATION	Minimum Fees	
Job Address: 665 NW FALLING W	Annual Control	Balance of permit fees	Victoria i America
		Mechanical Permit Fees	
City/State/ZIP: BEAVERTON OR 9	7229	Subtotal	+
Suite/bldg./apt.no.: 103		State surcharge (12% of permit total)	
Project Name: Radon System		TOTAL PERMIT FEE	
Cross Street/directions to job site:			
Tax map/parcel no.: 1N134CA0	00300		
DES	CRIPTION OF WORK		
Radon Mitigation System Installation	n		
	APPLICANT		
Name: Shayla Fowler			
Phone: 5037196715	Fax: 5039721866	]	
Email: shayla@eworksnw.com		*	
	CONTRACTOR	in.	
	CCB lic. no.: 185781		
Business Name: ENVIRONMENTA	L WORKS LLC		
Contact:			
Address: 2634 SE STEELE ST			
City/State/ZIP: PORTLAND OR	97202	_	
Phone: 5037196715	Fax:	_	
Email: joel@eworksnw.com			
Metro lic. no.:	City lic. no.:	1	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection,

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work

FEE SCHEDULE

05350-BMC-19-00850

Ea.

\$46.75

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

Beaverton, OR 97076

12725 SW Milikan Way

Approval Code: 02837G 11/26/2019 11:19:26AM E-mailed To: roy@climatecontrolinc.com

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	TYPE OF WORK	FE
☐ New Construction	Addition/alteration/replacement	Description
	SORY OF CONSTRUCTION	Heating/Cooling Appliances
	Multi-family Commercial Accessory	Furnace - up to 100,000 BTU
1 or 2 family dwelling		Minimum Fees
harman ( ) Construction	NFORMATION AND LOCATION	Balance of permit fees
Job Address: 15810 SW TALUS	PL	Mechanical Permit Fees
City/State/ZIP: BEAVERTON OR	97007	Subtotal
Suite/bldg./apt.no.:		State surcharge (12% of permit total)
Project Name: Abraham		TOTAL PERMIT FEE
Cross Street/directions to job site	e:	
Tax map/parcel no.: 1S129CI		
DE	ESCRIPTION OF WORK	Communication of the Communica
	APPLICANT	
Name: Roy Harris	APPLICANI	Mandre 1
Name: Noy Hamo		
Phone: 5034534822	Fax:	_
Email: roy@climatecontrolinc.con	n	200X
	CONTRACTOR	
	CCB lic. no.: 224977	
Business Name: SPECIALTY HE	EATING & COOLING LLC	
Contact:		
Address: 7500 SW TED CENTE	S DR #130	
City/State/ZIP: , TIGARD OR 97	7223	_
Phone: 5036205643	Fax:	
Email: cory@specialtyheating.c	com	
Metro lic. no.:	City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work

**FEE SCHEDULE** 

05350-BMC-19-00851

Ea.

\$46.75

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

**Beaverton** 

12725 SW Milikan Way Beaverton, OR 97076

Beaverton Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov

Approval Code: 03998G 11/26/2019 1:41:33PM E-mailed To: install@skyheating.com

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	TYPE OF WORK	A CARLES AND AND AND AND A FE
New Construction	Addition/alteration/replacement	Description
<del></del>	EGORY OF CONSTRUCTION	Heating/Cooling Appliances
	Multi-family Commercial Accessory	Furnace - up to 100,000 BTU
[A] 10/2 drilling drivening [	] (Walte-fallis) D. sammer Z	Minimum Fees
Christian was a recognition of the residence of the contract o	E INFORMATION AND LOCATION	Balance of permit fees
Job Address: 5145 SW SHEF	RWOOD PL	Mechanical Permit Fees
City/State/ZIP: BEAVERTON C	OR 97005	Subtotal
Suite/bldg./apt.no.:		State surcharge (12% of permit total)
Project Name: 19-418RF SANI	DERS	TOTAL PERMIT FEE
Cross Street/directions to job	site:	
( <b>4.1</b> ( 1.1 ( 1.	6CB09000	***
	DESCRIPTION OF WORK	
	APPLICANT	
Name: Kelly Broderick	APPLIGANT	
Walle, Rely Blodofiel		
Phone: 5032359083	Fax: 5032350454	
Email: install@skyheating.con	n	
	CONTRACTOR	
	CCB lic. no.: 50244	
Business Name: SKY HEATI	NG & AIR CONDITIONING INC	
Contact:		
Address: 19305 SW TETON	AVE	_
City/State/ZIP:, TUALATIN	OR 97062	
Phone: 5032359083	Fax: 5032350454	
Email: officemanager@skyh	eating.com	
Metro lic. no.:	City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work

05350-BMC-19-00852

12725 SW Milikan Way

Beaverton, OR 97076
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Approval Code: 04610G 11/26/2019 3:08:20PM E-mailed To: tashas@sunglowinc.com

	TYPE OF WORK		
New Construction	Addition/alteration/replacement		
GA	TEGORY OF CONSTRUCTION		
Zi Torzianii, anamig	Multi-family Commercial Accessory		
122.0-75.0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	E INFORMATION AND LOCATION		
Job Address: 13750 SW BE	RTHOLD ST		
City/State/ZIP: BEAVERTON	OR 97005		
Suite/bldg./apt.no.:			
Project Name: 19-294R			
Cross Street/directions to Jol	o site:		
Tax map/parcel no.: 1S1	16CD03100		
INSTALL FURNACE & AC			
	APPLICANT		
Name: Tasha Shultz	APPLICANT		
Name: Tasha Shultz Phone: 5032537789	APPLICANT  Fax: 5032537693		
	Fax: 5032537693		
Phone: 5032537789	Fax: 5032537693		
Phone: 5032537789	Fax: 5032537693		
Phone: 5032537789	Fax: 5032537693  om  CONTRACTOR  CCB lic. no.: 48131		
Phone: 5032537789  Email: tashas@sunglowinc.c	Fax: 5032537693  om  CONTRACTOR  CCB lic. no.: 48131		
Phone: 5032537789  Email: tashas@sunglowinc.c	Fax: 5032537693  om  CONTRACTOR  CCB lic. no.: 48131		
Phone: 5032537789  Email: tashas@sunglowinc.c  Business Name: SUN GLOV  Contact:	Fax: 5032537693  om  CONTRACTOR  CCB lic. no.: 48131		
Phone: 5032537789  Email: tashas@sunglowinc.c  Business Name: SUN GLOV  Contact:  Address: 2428 SE 105TH A	Fax: 5032537693  om  CONTRACTOR  CCB lic. no.: 48131		
Phone: 5032537789  Email: tashas@sunglowinc.c  Business Name: SUN GLOV  Contact:  Address: 2428 SE 105TH AV  City/State/ZIP: , PORTLAN	Fax: 5032537693  om  CONTRACTOR  CCB lic. no.: 48131  VINC  VE  D OR 97216-3051  Fax:		

Metro lic. no.;	City lic. no.:	
Upon review and approval by within one business day, with instr	your local jurisdiction, your permit actions on how to schedule your inspection	will be e-mailed or faxed n.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total
Heating/Cooling Appliances			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75
Air Conditioning (Detached Homes Only)	1	\$46.75	\$46.75
Minimum Fees			
Balance of permit fees			\$4,13
Mechanical Permit Fees			The second secon
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35



Mechanical Permit Application
Community and Economic Development
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403: Fax: (503) 526-2550
Internet address: www.BeavertonOregon.gov

III	PE OF WORK
I Z at a second of the second	ddition/siteration/replacement ther, Specify:
CATEGORY	OF CONSTRUCTION
1- and 2-family dwelling [] C	ommercial/industrial Accessory building
	seter builder
JOB BITE INFO	MATION AND LOCATION
Job sile address:	OSM MUS PA
City/State/ZiP:	1 1 Year 10 () 97007
Sukafoldg Japl. no.:	Project name: Sickles
Cross street/directions to Job site: ()	
Subdivision;	Lot no.:
Tex map/percel no.: 15 17	10080 AA 0
	TION OF WORK
new 1330	54 Yrong
PROPERTY OWNER	☐ YENANT
Name: KOX	rt Schles
Address: 15050 S	W Dovis rd
CHYSLENZEP: BROVET CY	0- 97007
Phone: 503-165-575	15 Fex: —
Emal: Marine bot	,550 e hotmail.com
A	PUCANT
Business name: POWRES (	Const. & Consulting
Contact name: JOYALE P	ONEIS
Address: 345 Edge	water rd
Chyrsheletzp: Glodstone	OR 91027
Phone: 503-494-4011	Fax:
E-mate jamie c Pow	ers a smcil.com
сокт	RACTOR U
Business name: Hendark !-	leating
Address: 33919 SE	Eastable wir
CHYPSOMOTZIP: CONVALLS	OR 97333
Phone: 51411-753 6710	5 Fex 5411 752614
E-out Marrie e Ne	varkheating.com
CCB Mai: 95758	City or metro lic.:
Authorizad Manue C	trille
Print Name: Marnie, St	11Ka   Date: 10/1/19

OFFICE	USEONLY
Date Received:	Permit No.: 132019-4197
Date Issued: [[-2(0-19	By: ML
	Payment Type: Cholk

	13		<i></i>
COMMERCIAL FEE BCH	EDULE -	USE CHECKLIST	
Machanical permit feet are based on th value (rounded to the meanest dollar) of overhead, and profit.	e value of t all mechan	the work performed ice) materials, equi	, indicate i pment, tab
V <sub>4</sub> I	ue: \$0.00		
RESIDENTIAL EQUIPI	AENT / BY	STEMS FEES	
For apacial inform	ation use c	hecklet.	
Description	Qy,	Es.	Total
HeatIng/cooling	·		
Furnace, Incl. dischwork, went, and liner			
Air conditioner	<u></u>	44.10	
Heat pump		61.06	
Duct work, elevations and additions		23.32	
Hydronic piping system		23.32	
Boiler, incl. ven!"			
Gas heaters/unit in-wall, in-duct, suspended, etc. not incl. Vent.		46.75	•
Other:		23.32	
Other fuel appliances			
Water heater	<del></del>	23.32	·····
Gas fireplace/insert/stove		33.39	
Gas log/log lighter	<del></del>	23.32	
Pool or spa harder, kiln*		22.00	
Wood/pallet slove/insert	-	33.39	
Wood fireplace	<del></del>	33.39	
Chimney/imer/flus/vant w/o appliance	·····	33,39	
Oil tanks/pas/diesel generators	************	23.32	
Other;		23.32	
Environmental exhaust and ventilation			
Range hood/other kitchen equipment	1	33.39	
Clothes dryer extraust	1	33,39	
Single-duct exhaust (bathrooms, tollet	2	23,32	
comperiments, utility rooms)			
Attic/crawispace fans Whole house ventiletion or Radon		23,32	
Migation Antible uprate Application of Legiscon		23.32	
Others		23.32	
Fuel piping	<del></del>		
\$14.35 for first four, \$4.03 for each addition	nel	·,	
Fumace		#/outlets	
Wallsuspanded/unit heater	<del></del>	#/outlets	
Water healer		#/outlets	
Fireplace/log fighter/ges log		#/outlets	···
Range	****	#/outlets	
Barbecue		#/outlets	
Clothes dryer		#/outlets	
Other:		Mountes	
ALCULATE MECHANICAL PERMIT FE	-3		
	total	· · · · · · · · · · · · · · · · · · ·	
Minknum perm			97.63
State surcharge (12% of penni	(foe)		11.72
TOTAL PERMIT	FEE		\$109,35

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00848

FEE SCHEDULE

Beaverton, OR 97076
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

Approval Code: 00994G 11/25/2019 11:20:33AM E-mailed To: alex@soilsolutionsenvironmental.com

Ea.

\$23.32

Total

\$23.32

\$74.31

\$97.63

\$11.72

\$109.35

	TYPE OF WORK	FEE SCHED
New Construction	X Addition/alteration/replacement	Description
<b>—</b>		<b>Environmental Exhaust and Ventilation</b>
1 or 2 family dwelling	CATEGORY OF CONSTRUCTION  Multi-family Commercial Accessory	Single-duct exhaust (bathrooms, toilet compartments, utility rooms)
IOB	SITE INFORMATION AND LOCATION	Minimum Fees
Job Address: 9430 SW 1		Balance of permit fees
		Mechanical Permit Fees
City/State/ZIP: BEAVERT	ON OR 97007	Subtotal
Suite/bldg./apt.no.:		State surcharge (12% of permit total)
Project Name: Radon mitig	gation system installation	TOTAL PERMIT FEE
Cross Street/directions to	o job site:	
Tax map/parcel no.: 1	IS129DB09800	
	DESCRIPTION OF WORK	
Installing a sub-membrane	a radon magadon system.	
:		
	APPLICANT	
Name: Alex Mottern		<u>}</u>
Phone: 5032342118	Fax: 5033317133	1
Email: alex@soilsolutions	senvironmental.com	
	CONTRACTOR	
	CCB lic. no.: 138344	
Business Name: ENVIRO	ONMENTAL SERVICES INC	
Contact:		4
Address: 3540 SE 28TH	AVE	-
City/State/ZIP: , PORTL	LAND OR 97202-2048	
Phone: 5032342118	Fax: 5033317133	_
Email: info@sollsolution	nsenvironmental.com	4
Metro lic. no.:	City lic. no.:	_

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## Residential Mechanical Authorization To Begin Work

05350-BMC-19-00847

Beaverton

12725 SW Milikan Way
Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

BZ0P-4908

Approval Code: 025523 11/25/2019 9:39:34AM E-mailed To: shayla@eworksnw.com

TYPE OF WORK					
New Construction	☑ Addition/alteration/replacement				
CATEGORY OF CONSTRUCTION					
X 1 or 2 family dwelling	Multi-family Co	ommercial	Accessory		
JOB SITE	NFORMATION AN	ID LOCAT	ION		
Job Address: 7015 SW KELSIT	ER				
City/State/ZIP: BEAVERTON OR	97223				
Suite/bldg./apt.no.:					
Project Name: Radon System					
Cross Street/directions to job sit	e:				
Tax map/parcel no.: 1S124D.	A00301				
Charles and the control of the contr	ESCRIPTION OF V	VORK			
Radon Mitigation System Installat	ion				
	APPLICANT				
Name: Shayla Fowler	<u> </u>				
	Fay: 50	39721866			
Phone: 5037196715	Tuat				
Email: shayla@eworksnw.com	GONTRACTO				
		o.: 185781			
Business Name: ENVIRONMEN	TAL WORKS LLC				
Contact:					
Address: 2634 SE STEELE ST					
Address: 2634 SE STEELE ST  City/State/ZIP: , PORTLAND O	R 97202				
	R 97202				
City/State/ZIP: , PORTLAND O					

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days If a permit is not obtained.

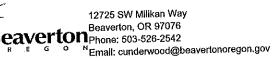
Description	Qty.	Ea.	Total		
Environmental Exhaust and Ve	ntilation		Addison Principle		
Attic/crawl space fans	1	\$23.32	\$23.32		
Minimum Fees					
Balance of permit fees			\$74.31		
Mechanical Permit Fees		A STATE OF THE STATE OF T			
Subtotal			\$97.63		
State surcharge (12% of permit total)			\$11.72		
TOTAL PERMIT FEE			\$109.35		

BJ019-4 688 Residential Mechanical Authorization To Begin Work

05350-BMC-19-00846

Approval Code: 022223 11/22/2019 8:56:01AM

E-mailed To: shayla@eworksnw.com



	TYPE OF WORK
New Construction	Addition/alteration/replacement
	CATEGORY OF CONSTRUCTION
1 or 2 family dwelling	
	B SITE INFORMATION AND LOCATION
lob Address: 11270 S\	W CINDY ST
City/State/ZIP: BEAVE	RTON OR 97008
Suite/bldg./apt.no.:	
Project Name: Radon S	system
Cross Street/directions	s to job site:
Tax map/parcel no.:	1S122CD01700
	DESCRIPTION OF WORK
Radon Mitigation Syste	m Installation
Radon Mitigation Syste	m Installation  APPLICANT
Radon Mitigation Syste	
Name: Shayla Fowler	APPLICANT  Fax: 5039721866  snw.com
Name: Shayla Fowler Phone: 5037196715	APPLICANT  Fax: 5039721866
Name: Shayla Fowler Phone: 5037196715	APPLICANT  Fax: 5039721866  snw.com
Name: Shayla Fowler Phone: 5037196715 Email: shayla@eworks	APPLICANT  Fax: 5039721866  snw.com  CONTRACTOR
Name: Shayla Fowler Phone: 5037196715 Email: shayla@eworks	APPLICANT  Fax: 5039721866  Shw.com  CONTRACTOR  CCB lic. no.: 185781
Name: Shayla Fowler Phone: 5037196715 Email: shayla@eworks Business Name: ENV	APPLICANT  Fax: 5039721866  snw.com  CONTRACTOR  CCB IIc. no.: 185781  IRONMENTAL WORKS LLC
Name: Shayla Fowler Phone: 5037196715 Email: shayla@eworks Business Name: ENV Contact:	APPLICANT  Fax: 5039721866  SNW.com  CONTRACTOR  CCB IIc. no.: 185781  IRONMENTAL WORKS LLC  TEELE ST
Name: Shayla Fowler Phone: 5037196715 Email: shayla@eworks Business Name: ENV Contact: Address: 2634 SE ST	APPLICANT  Fax: 5039721866  SNW.com  CONTRACTOR  CCB IIc. no.: 185781  IRONMENTAL WORKS LLC  TEELE ST
Name: Shayla Fowler Phone: 5037196715 Email: shayla@eworks  Business Name: ENV Contact: Address: 2634 SE ST City/State/ZIP: , POR	Fax: 5039721866  Shw.com  CONTRACTOR  CCB lic. no.: 185781  IRONMENTAL WORKS LLC  TEELE ST  RTLAND OR 97202  Fax:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

	Qty.	Ea.	Total
Description		L	
nvironmental Exhaust and Vent	mation	<del>1 1</del>	
Attic/crawl space fans	1	\$23,32	\$23.32
Minimum Fees			
Balance of permit fees			\$74.31
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35



Mechanical Permit Application
City of Benverton Community Development
Building Division
12725 SW Miliken Way
PO Box 4755, Beaverton, OR 97076
Phone: (503) 526-2403 Fax: (503) 526-2550
www.BeavertonOregon.gov

and the second	OFFIC	E USE ONLY		
Date Received:	11/06/2019	Pormit No.:	B2019-4604	James and a section of
Date Issued:		By / Payment Ty	thii:	
and the second s		11 6711/2/11 12	The second secon	

•	Www.BeaverlonOre	on.gov	
	TYPE OF WORK		
☐ Douwilfov	☑ Addition/alteratio	Araptacomo	nt
i <b>o</b> At	EGORY OF CONSTR	NOITOU	
☑ 1- and 2-family dwelling ☐ Multi-family	☐ Commercial/Indi	LA track	Cl Other, Specify:
yon sit	e information an	D LOCATIO	N S
Job site address: 7840 SW	/ 131st Ave	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City/State/ZiP: Beaverto	n, OR 97008		
Suite/bidg./apt. no.:	Pro	ojact namo:	Mike Albrecht Age
Cross stroot/diractions to job si	le:		
SW Hanson Rd.			
Subdivision:	Lo	t no.!	
Tax map/parcel no.: 1S12	1DD02201	Sean the VIII 1975	
	DESCRIPTION OF		
512 square foot additi bathroom & closet.	ion. Add master		
D PROPERTY O	WNER		TENANT
Name: Barb Argo			
Address: 7840 SW 131			
city/State/ZiP: Beavert	on, OR 97008		
Phone:	F	:NX:	*
E-mail:		232 de la 1919 de la 1	
	APPLICANT		
Business name: Hood to		& Consti	CUCTION
Contact name: Mike Alb	recht	AND SECURE OF THE PROPERTY OF	
Address: 2323 16th Av			
city/state/ZIP: Forest C	Srove OR, 9711	6	
Phone: (971) 517-470	<del>"</del>	Fax:	The state of the s
E-mail: mikealbrechic	CONTRACTOR		a lolus
Business name: Hood to		& Consi	ruction
Address: 2323 16th A			
City/State/ZIP: Forest (			
Phone: (971) 517-470		Fex:	
E-mod: mlkealbrecht	0@gmail.com		
GCB No.: 206978		City or metr	o No.:
Authorized A	144-6	leh	

Print name: Mike Albrecht

lechanical permit (oes are based on the value (rounded to the nearest dollar) of all yerhand, and profit.	33303(31)(40)	naterials, equipri in Page 2 to	4.00
*Value	\$0.00		1
		MS FEES	
			9953W2 - 12 - 07 (5)
Far special informal	and description of the second	Eu.	Total
) escription	Qly.	<u> </u>	169.001
leating/cooling "For Furnace, solects"	DANL IDOK DIS	54.91	
umaco, incl. ductwork, vant, and liner **		46.75	
Air conditioner 1		61.06	
len pump!	2	23,32	46,64
Duct work, alterations and additions		23,32	
tydronio piping system		0.00	
Boller, incl. vont** Satact One Gas hootors/unit in-wall, in-duct,			
Gas hediora/unk in-wail, in-duct, susponded, etc. not incl. yent.		46.75	
Other:		23,32	
Other fuel appliances		1 2 2 2 7	
Water heater	.,	23.32	
Gas fireplacofinsor/stova		33.39	
Gas logilog lighter		23,32	
Pool or spa hoaler, kin*	<u> </u>	23,32	
Wood/pellot stove/insert		33.39	<del> </del>
Wood fireplace		33.39	
Chimney/liner/flue/vent w/o appliance		33.39	
Oil tanks/gas/diosel generators		23.32	, <u></u>
Other:		23,32	11.000 to 10.000
Environmental exhaust and ventilation	n		
Range hood/other kitchen equipment	<u></u>	33.39	
Cinthos dever exhaust		33.39	
Single-duct exhaust (ballyrooms, loset	1	23,32	23.32
compartments, utility rooms)		23.32	ANNUAL DESCRIPTION OF STREET
Allic/crawlepace fons Whole house ventiation or Radon	1	23.32	23.32
mitigalion	<u> </u>		
Other:	<u> </u>	23.32	1
Fuel pipints			
\$14.15 for first four; \$4.03 for each add	<u>itlonal</u>		1
Furnaça		#/outlets	Total # of
Well/suspended/unit hacter		#/outlets	onfjurs;
Water heater		#/outlets	<del>                                     </del>
Fireplace/log lighter/gas log		#/outlets	<u> </u>
Range		Moutlets	Total cost fo
Barbeoue		#/outlets	fuel piping outlets:
Clothes dryer		#/outlets	
Other:	2016 SK 550 F 5 C 5	#/outlets	Experience &
CALCULATE MECHANICAL PERMIT	PEES Subtotal	(1) 306, 441	North Charles
Minimum			······································
Check for Plan Review (25% of page 1)			<del></del>

This permit application expires if a permit is not obtained within 160 days after it has been accepted as complete.

1 - Bito plan required for an outdoor unit.

Date: 11/05/19

2 - Haquites approval from Hullding Godes Division.

32019-4881

### City Of Beaverton

12725 SW Milikan Way
Beaverton, OR 97076
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00843

Approval Code: 811274 11/21/2019 4:47:05PM E-mailed To: mp\_heating@yahoo.com

FEE SCHEDULE  Qty. Ea. Total				
Description	Qiy.	<u> </u>		
leating/Cooling Appliances				
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75	
Winimum Fees				
Balance of permit fees			\$50.88	
Mechanical Permit Fees				
Subtotal			\$97.63	
State surcharge (12% of permit total)			\$11.72	
TOTAL PERMIT FEE			\$109.35	

	TYPE OF WORK
New Construction	
	ATEGORY OF CONSTRUCTION
X 1 or 2 family dwelling	Multi-family Commercial Accessory
<del></del>	SITE INFORMATION AND LOCATION
Job Address: 25 SW 167	
City/State/ZIP: BEAVERT	ON OR 97006
Suite/bldg./apt.no.:	
Project Name: Furnace Re	eplacement
Cross Street/directions to	
Tax map/parcel no.: 1	S106AA01900
	DESCRIPTION OF WORK
Replace furnace	
	APPLICANT
Name: Samuel Murzea	
Phone: 5034197948	Fax: 5037231278
Email: mp_heating@yaho	oo.com
	CONTRACTOR
	CCB lic. no.: 203432
Business Name: MP HEA	ATING AND AIR CONDITIONING LLC
Contact:	
Address: 9871 SE FREN	NCH ACRES DR
City/State/ZIP: , HAPP)	Y VALLEY OR 97086
Phone: 5035359217	Fax: 5037231278
Email: mp_heating@yal	hoo.com
Email: mp_heating@yal	hoo.com City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

## 82019-4882 Residential Mechanical Authorization To Begin Work

05350-BMC-19-00844

Approval Code: 07165G 11/21/2019 4:52:39PM

E-mailed To: Kevinw@theductguys.com

Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

	TYPE OF WORK
New Construction	Addition/alteration/replacement
CATEGO	DRY OF CONSTRUCTION
ZI 10/ Zidininy dironing -	lulti-family Commercial Accessory
C50228-909-10-000-10-000-10-000-10-000-10-000-10-000-10-000-10-000-10-000-10-000-10-000-10-000-10-000-10-000-1	ORMATION AND LOCATION
lob Address: 14205 SW YEARLIN	G WAY
City/State/ZIP: BEAVERTON OR 97	7008
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	-
Tax map/parcel no.: 1S128BC0	
	SCRIPTION OF WORK
Replace ducting in crawlspace	
	APPLICANT
Name: Kevin Warren	
Phone: 5037051176	Fax: 8664960819
Email: Kevinw@theductguys.com	
	CONTRACTOR
	CCB lic. no.: 179150
Business Name: DUCT GUYS LLC	
Contact:	
Address: PO BOX 1215	
City/State/ZIP: , SANDY OR 9705	35
Phone: 5037051176	Fax: 8664960819
Email:	
Metro lic. no.:	City lic. no.:
	<u></u>

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total
leating/Cooling Appliances			
Alteration of existing HVAC system	1	\$33.39	\$33.39
Winimum Fees			
Balance of permit fees			\$64.24
Vechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

B2019-4883 Residential Mechanical Authorization To Begin Work

FEE SCHEDULE

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

05350-BMC-19-00845

Ea.

\$46.75

Approval Code: 021264 11/21/2019 6:46:09PM E-mailed To: permits@wolfersheating.com

## City Of Beaverton

12725 SW Millikan Way Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

	TYPE OF WORK	FEE SCHE
New Construction	Addition/alteration/replacement	Description
CATI	EGORY OF CONSTRUCTION	Heating/Cooling Appliances
X 1 or 2 family dwelling	Multi-family Commercial Accessory	Furnace - up to 100,000 BTU  Minimum Fees
	INFORMATION AND LOCATION	Balance of permit fees
Job Address: 5155 SW CHES		Mechanical Permit Fees
		Subtotal
City/State/ZIP: BEAVERTON C	51.000	State surcharge (12% of permit
Suite/bldg./apt.no.:		total) TOTAL PERMIT FEE
Project Name:		LIUIAL PERWIT FEE
Cross Street/directions to job	site:	*
1 ax mapiparout non	4CA01800	
	DESCRIPTION OF WORK	
Installing Gas Furnace		
	APPLICANT	
Name: Kristi Loschiavo		
Phone: 5032201901	Fax:	
Email: permits@wolfersheatin	g,com	
	CONTRACTOR	
	CCB lic. no.: 1911	
Business Name: WOLFERS I	NC	
Contact:		
Address: 1365 N FRONT ST		
City/State/ZiP: , WOODBUR	RN OR 97071	
Phone: 5039814511	Fax: 5039810801	
Email: cindyn@wolfersheati	ng.com	
Metro IIc. no.:	City lic. no.:	
	the second of the second of	favad

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

TYP	E OF WORK
New Construction	Addition/alteration/replacement
CATEGORY	OF CONSTRUCTION
1 or 2 family dwelling Multi-fa	amily Commercial Accessory
JOB SITE INFOR	MATION AND LOCATION
ob Address: 5155 SW CHESTNUT AV	E
ity/State/ZIP: BEAVERTON OR 97005	
uite/bidg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
ax map/parcel no.: 1S114CA01800	
DESCRI	PTION OF WORK
Installing Gas Furnace	
Installing Gas Furnace	PPLICANT
nstalling Gas Furnace A Name: Kristl Loschiavo	
Name: Kristi Loschiavo  Phone: 5032201901  Email: permits@wolfersheating.com	APPLIGANT Fax:
Name: Kristi Loschiavo  Phone: 5032201901  Email: permits@wolfersheating.com	APPLICANT
Installing Gas Furnace  Name: Kristi Loschiavo  Phone: 5032201901  Email: permits@wolfersheating.com	APPLIGANT Fax:
Name: Kristi Loschiavo  Phone: 5032201901  Email: permits@wolfersheating.com	APPLICANT  Fax:  ONTRACTOR
Name: Kristl Loschiavo  Phone: 5032201901  Email: permits@wolfersheating.com  Co	APPLICANT  Fax:  ONTRACTOR
Name: Kristi Loschiavo  Phone: 5032201901  Email: permits@wolfersheating.com  Company	APPLICANT  Fax:  ONTRACTOR
Name: Kristl Loschiavo  Phone: 5032201901  Email: permits@wolfersheating.com  Ct  Business Name: WOLFERS INC  Contact:	APPLICANT  Fax:  DNTRACTOR  CCB lic, no.: 1911
Name: Kristi Loschiavo  Phone: 5032201901  Email: permits@wolfersheating.com  Çi  Business Name: WOLFERS INC  Contact:  Address: 1365 N FRONT ST	APPLICANT  Fax:  DNTRACTOR  CCB lic, no.: 1911
Name: Kristi Loschiavo  Phone: 5032201901  Email: permits@wolfersheating.com  Cri  Business Name: WOLFERS INC  Contact:  Address: 1365 N FRONT ST  City/State/ZIP: , WOODBURN OR 970	Fax:  DNTRACTOR  CCB lic. no.: 1911

## **City Of Beaverton**

## Residential Mechanical Authorization To Begin Work

05350-BMC-19-00842

12725 SW Millkan Way
Beaverton, OR 97076
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Approval Code: 207845 11/21/2019 12:13:49PM E-mailed To: Jandmassistant@gmail.com

	TYPE OF WORK
	Addition/alteration/replacement
New Construction	
	GORY OF CONSTRUCTION  Multi family
☐ 1012 (dinin) ====	Williamity C Sommers C
	NFORMATION AND LOCATION
Job Address: 13455 SW CARR	ST
City/State/ZIP: BEAVERTON OF	₹ 97008
Suite/bidg./apt.no.:	
Project Name: Travis Brodt	
Cross Street/directions to job si	te:
(ax map.p	B01200
D	ESCRIPTION OF WORK
Gas line to range.	
	APPLICANT
Name: Michelle Doty	
Phone: 3602635600	Fax: 3602635600
Email: Jandmassistant@gmail.c	om
	CONTRACTOR
	CCB lic. no.: 188595
Business Name: J&M CONTRA	CTOR SERVICES INC
Contact:	
Address: 35601 NE 251ST AVE	
City/State/ZIP: , YACOLT WA	98675
	Fax: 3602635600
Phone: 3602635600	Fax: 3002033000
Phone: 3602635600 Email: janmservice@aol.com	Fax: 3002033000

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total
as Fuel Piping			
Gas Piping - first four	1	\$14.15	\$14.15
linimum Fees			
Balance of permit fees			\$83.48
fechanical Permit Fees			
Subtotal			\$97,63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

## Residential Mechanical Authorization To Begin Work

05350-BMC-19-00841

City Of Beaverton 12725 SW Milikan Way
Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

Approval Code: 07173G 11/21/2019 9:09:06AM E-mailed To: office@pexpdx.com

FEE SCHEDULE

	TYPE OF WORK
New Construction	Addition/alteration/replacement
	CATEGORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family Commercial Accessory
JOE	SITE INFORMATION AND LOCATION
Job Address: 6770 SW	OAKWOOD DR
City/State/ZIP: BEAVER	TON OR 97008
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions	to job site:
Tax map/parcel no.:	1S123BC03242
	DESCRIPTION OF WORK
Install tankless water he	ater
	APPLICANT
Name: Deanna Reith	
Phone: 5038868664	Fax:
Email: office@pexpdx.c	om
	CONTRACTOR
	CCB lic. no.: 222556
Business Name: FORT	HRIGHT CONSTRUCTION INC
Contact:	
	JCKI AVENUE SUITE 400
Address: 1915 NE STU	
Address: 1915 NE STU City/State/ZIP: , HILL:	SBORO OR 97006

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total
Other Fuel Burning Appliances			
Water heater	1	\$23.32	\$23.32
Minimum Fees			
Balance of permit fees			\$74.31
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

## Residential Mechanical Authorization To Begin Work

05350-BMC-19-00838

Approval Code: 510283 11/20/2019 1:38:15PM

E-mailed To: allfuel@comcast.net



• •	Email: cuitderwood@bedterterieregering
	TYPE OF WORK
New Construction	
	EGORY OF CONSTRUCTION
	Multi-family Commercial Accessory
	INFORMATION AND LOCATION
Job Address: 13175 SW DAR	TMOOR CT
City/State/ZIP: BEAVERTON C	DR 97008
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job	site:
CLOSS Officending colons	
Tax map/parcel no.: 1S128	8DB02800
	DESCRIPTION OF WORK   Install new gas line to new gas
	APPLICANT
Name: Eric Camp	
Phone: 503-674-2350	Fax: 503-674-2693
Email: allfuel@comcast.net	
	CONTRACTOR
	CCB IIc. no.: 169503
Business Name: ALL FUEL I	NSTALLATION & SERVICE LLC
Contact:	
Address: PO BOX 69	
City/State/ZIP: , TROUTDAI	LE OR 97060
Phone: 5036742350	Fax: 5036742693
Email: alifuel@comcast.net	
Metro lic. no.:	City lic. no.:
	normit will be e-mailed or fa)

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total
Gas Fuel Piping			
Gas Piping - first four	1	\$14.15	\$14.15
Other Fuel Burning Appliances			
Gas or wood fireplace/insert	1	\$33.39	\$33.39
Chimney/liner/flue/vent	1	\$33.39	\$33.39
Minimum Fees	,		
Balance of permit fees			\$16.70
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

# Residential Mechanical Authorization To Begin Work

05350-BMC-19-00839

Total

Ea.

12725 SW Milikan Way
Beaverton, OR 97076

\*\*TON\*\*
Phone: 503-526-2542

O NEmail: cunderwood@beavertonoregon.gov

Approval Code: 66506P 11/20/2019 2:59:46PM E-mailed To: lisap@roth-heat.com

Qty.

		200
	TYPE OF WORK	
New Construction	Addition/alteration/replacement	Description
CATE	GORY OF CONSTRUCTION	Heating/Co
X 1 or 2 family dwelling	Multi-family Commercial Accessory	Furnace - L
	INFORMATION AND LOCATION	Balance of
Job Address: 12710 SW TARP		Mechanica
City/State/ZIP: BEAVERTON O		Subtotal
		State surch
Suite/bldg./apt.no.:		total)
Project Name: TANGALIN/1649	87	
Cross Street/directions to job s	ite:	ļ
40400	AD00700	1
Tax melaberar	AD00700 DESCRIPTION OF WORK	and the same of th
REPLACE GAS FURNACE	JESCRIPTION OF WORK	
REPLACE GAS I ONNACE		
	APPLICANT	
Name: Anthony Tangalin	APPLICANT	4
Name: Aminony rangular		-
Phone: 5038039076	Fax:	_
Email: lisap@roth-heat.com		
	CONTRACTOR	
	CCB lic. no.: 14008	_
Business Name: ROTH ZACHI	RY HEATING INC	
Contact:		  -
Address: PO BOX 1265		
City/State/ZIP: , CANBY OR	97013-1265	_
Phone: 5032661249	Fax: 5032663478	_
Email: aliceg@roth-heat.com		
Metro lic. no.:	City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

leating/Cooling Appliances	т :	T T	#4C 7E
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75
Minimum Fees		<del></del>	
Balance of permit fees			\$50.88
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

FEE SCHEDULE

12725 SW Milikan Way
Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

## 82019-4855 Residential Mechanical Authorization To Begin Work

05350-BMC-19-00840

Total

\$33.39

\$64.24

\$97.63

\$11.72

\$109.35

FEE SCHEDULE

E-mailed To: info@petraheat.com

\$33.39

Approval Code: 055540 11/20/2019 3:05:18PM

	TYPE OF WORK		FEE SCHE	DULE
New Construction		tion/replacement	Description	Qty.
Lange of the lange	GORY OF CONSTRUCTION		Environmental Exhaust and Ventilati	on
X 1 or 2 family dwelling ☐	Multi-family Commercial	Accessory	Range hood/other kitchen equipment	1
	INFORMATION AND LOCATION	NC	Minimum Fees	1
Job Address: 14965 SW OPAL			Balance of permit fees	
City/State/ZIP: BEAVERTON OF			Mechanical Permit Fees	T
City/State/ZIF: BEAVERTON OF	, 07 001		Subtotal	
Suite/bldg./apt.no.:			State surcharge (12% of permit total)	
Project Name: Opal			TOTAL PERMIT FEE	
Cross Street/directions to job si	te:			
Tax map/parcel no.: 1S129D	A01100			
1 Mart 11 carpet for an area	ESCRIPTION OF WORK			
	n & connect to existing termination.			
	APPLICANT			
Name: Becky Kraft				
Phone: 5032533263	Fax: 5032533261		-	
Email: info@petraheat.com				
	CONTRACTOR			
	CCB lic. no.: 170378		_	
Business Name: PETRA HEATI	NG & AIR CONDITIONING INC		_	
Contact:			<u>,</u>	
Address: 15875 SE 114TH AVE	STEF		1	
City/State/ZIP: CLACKAMAS	OR 97015		_	
Phone: 5032533263	Fax: 5032533261		<u> </u>	
Email: info@petraheat.com				
Metro lic. no.:	City lic. no.:			

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.



## **Mechanical Permit Application**

12725 SW Millikan Way / PO Box 4755 Beaverton, OR 97076 Phone: (503) 52f 493 Fax: (503) 526-2550 General iormation (503) 526-2222

BeavertonOregon.gov

	TYPE OF WO		
☐ New construction ☐ Demolition	☑ Addition/altera ☐ Other, Specify	r:	
CAT	TEGORY OF CONS	TRUCTION	
☐ 1- and 2-family dwelling ☐ Multi-family	☑ Commercial/ide ☑ Master builde		☐ Accessory building ☐ Other, Specify:
JOB SIT	E INFORMATION	AND LOCA	TION
	W Hall Blvd		
City/State/ZIP: Beaver	ton, OR 970		
Suite/bldg./apt. no.:		Project name	: Overby 33945
Cross street/directions to job s	ite:		
		Lot no.:	
Subdivision:		edi iwa	
Tax map/parcel no.:	DESCRIPTION OF	WORK	
			<u></u>
Install dehumidifier in cr	awispace under	OHICE	
☑ PROPERTY O	WNER		TENANT
Name: Carolyn Ove		A3207	
Address: 6820 SW H			
City/State/ZIP: Beavert	on, OR 9700	)8	
Phone: 503-523-689	15	Fax:	
E-mail:			
	APPLICAN	Ţ	
Business name: TerraF	Firma Found	ation S	ystems
Contact name: Emily Si	ingleton		
Address: 13110 SW	Wall St		
City/State/ZIP: Tigard,	OR 97223		
Phone: 971-205-522		Fax:	
E-mail: esingleton@	the state of the s	The State of the Control of the	
	CONTRACTO		
Business name: TerraFi		tion Sy	stems
Address: 13110 SW		······	
City/State/ZIP: Tigard,			
Phone: 971-205-522		Fax:	
E-mail: esingleton@	terratirmats		to the t
CCB No.: 173547		City or me	IO IIG.:

signature: Print name: Emily Singleton

Date: 11/15/1

### DECEIVED

## OFFICE USE ONLY

Permit No.: B2019-4811 Date Receive 1 / 19 / 2019

Date Issued: 1 - 20 - 19 CITY OF BEAVERTON

**BUILDING DIVISION** 

Payment Type:

## COMMERCIAL FEE SCHEDULE - USE CHECKLIST

Mechanical permit fees are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all mechanical materials, equipment, labor, overhead, and profit.

++Value: \$ 1,000.00

## RESIDENTIAL EQUIPMENT / SYSTEMS FEES

For special information use checklist. Qty.

Dlation	Qty.	Ea.	Total
Description			
Heating/cooling		T	
Furnace, incl. ductwork, vent, and liner		46.75	
Air conditioner		61.06	
Heat pump		23.32	
Duct work, alterations and additions			
Hydronic piping system		23.32	
Boiler, Incl. vent**		-	
Gas heaters/unit in-wall, in-duct, suspended, etc. not incl. vent.		46.75	
Other:	······································	23.32	
· · · · · · · · · · · · · · · · · · ·		<u></u>	****
Other fuel appliances		23.32	
Water heater		33.39	
Gas fireplace/insert/stove		23.32	
Gas log/log lighter		23.32	
Pool or spa heater, kiln*		33.39	
Wood/pellet stove/insert		33.39	
Wood fireplace		33.39	·
Chimney/liner/flue/vent w/o appliance		23.32	
Oil lanks/gas/diesel generators		23.32	
Other:		23.32	
Environmental exhaust and ventilation	1	1 22 20 1	
Range hood/other kitchen equipment		33.39	
Clothes dryer exhaust		33.39	
Single-duct exhaust (bathrooms, toilet compartments, utility rooms)		23.32	
Attic/crawlspace fans		23.32	
Whole house ventilation or Radon		23.32	
miligation Other: ARNUMULFIRE		23.32	
Fuel piping	<u>.                                    </u>		
\$14.15 for first four; \$4.03 for each addit	ional		
Furnace		#/outlets	
Wall/suspended/unit heater		#/outlets	
Water heater	<u> </u>	#/outlets	
Fireplace/log lighter/gas log		#/outlets	
		#/outlets	
Range		#/outlets	
Barbecue	<b> </b>	tiloutlets	<u> </u>

State surcharge (12% of permit fee) TOTAL PERMIT FEE This permit application expires if a permit is not obtained within 180 days

MECHANICAL PERMIT FEES Subtotal

after it has been accepted as complete.

Minimum permit fee

#/outlets

#/outlets

- Site plan required for an outdoor unit
- \*\* State Building Codes Division's approval required
- ++ See Fee Schedule

Clothes dryer

Other:

Plan review ( 25% of permit (ee)

97.63

# B2019-4846 Residential Mechanical Authorization To Begin Work

05350-BMC-19-00837

Ea.

\$46.75

\$61,06

Total

\$46.75

\$61.06

\$107.81

\$12.94

\$120.75

12725 SW Milikan Way
Beaverton, OR 97076
Phone: 503-526-2542

Nemail: cunderwood@beavertonoregon.gov

Approval Code: 014652 11/20/2019 10:47:15AM E-mailed To: permits@pyramidheating.com

Qty.

FEE SCHEDULE

	TYPE OF WORK	FE.
New Construction	Addition/alteration/replacement	Description
<del></del>	ORY OF CONSTRUCTION	Heating/Cooling Appliances
	Multi-family Commercial Accessory	Furnace - up to 100,000 BTU
M Turz ranniny arrowing —	NFORMATION AND LOCATION	Heat Pump (Detached Homes Only)
Secretary and the second secon		Mechanical Permit Fees
Job Address: 14015 SW STIRRU		Subtotal
City/State/ZIP: BEAVERTON OR	97008	State surcharge (12% of permit total)
Suite/bldg./apt.no.:		TOTAL PERMIT FEE
Project Name: 92077		
Cross Street/directions to job site	»:	
Tax map/parcel no.: 1S128BC	004900	
DE	SCRIPTION OF WORK	
replace gf and hp		
	APPLICANT	
Name: Caitlin Alton		
Phone: 5037869522	Fax:	
Email: permits@pyramidheating.c	com	
	CONTRACTOR	
	CCB lic. no.: 59382	
Business Name: PHILLIS CONS	TRUCTION CO	
Contact:		
Address: 9409 NE COLFAX ST		
City/State/ZIP: , PORTLAND O	R 97220	
Phone: 5037869522	Fax:	
Email: sbarnes@pyramidheatin	g.com .	
Metro lic. no.:	City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

B2019-4844
Residential Mechanical Authorization To Begin Work

05350-BMC-19-00836

10:23:25AM

Beaverton, OR 97076

Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

T	YPE OF WORK
New Construction	X Addition/alteration/replacement
CATEGO	RY OF CONSTRUCTION
1 or 2 family dwelling Mu	ulti-family Commercial Accessory
JOB SITE INF	ORMATION AND LOCATION
ob Address: 9110 SW PONY PL	
City/State/ZIP: BEAVERTON OR 970	800
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S128CB04	
	CRIPTION OF WORK
FURNACE AND A/C REPLACEMEN	1
	APPLICANT
Name: Vladimir Mikhals	
Phone: 503-658-4808	Fax: 888-500-2912
Email: clackamasheating@gmail.cor	n
	CONTRACTOR
	CCB lic. no.: 165630
Business Name: CLACKAMAS HEA	ATING & COOLING LLC
Contact:	
Address: 15115 SE PENNY LEE C	г
City/State/ZIP: , CLACKAMAS OR	97015
Phone: 5036584808	Fax: 8885002912
Email: clackamasheating@gmail.c	om
Metro lic. no.:	City IIc. no.:
101411 - 1141 1141	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SCHEDULE					
Description	Qty.	Ea.	Total		
Heating/Cooling Appliances		<del> 1</del>			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75		
Air Conditioning (Detached Homes Only)	1	\$46.75	\$46.75		
Minimum Fees		<del></del>			
Balance of permit fees			\$4.13		
Mechanical Permit Fees					
Subtotal			\$97.6		
State surcharge (12% of permit total)			\$11.7		
TOTAL PERMIT FEE			\$109.3		

## **Mechanical Permit Application**

## mmunity Development ELECTRONIC SUBJ SEE 1:/BLDG DIV

	TYPE OF W	ORK	
☐ New construction ☐ Demolition	Addition/alte     ☐ Other, Speci		ent
CAT	EGORY OF CON	STRUCTION	
☐ 1- and 2-family dwelling ☐ Multi-family	☑ Commercial. ☐ Master build		☐ Accessory building ☐ Other, Specify:
JOB SIT	E INFORMATION	AND LOCATI	ON
Job site address: 16505 N	W Bethany C	Τ	
City/State/ZIP: Beaverton	OR 97006		
Suite/bldg./apt. no.:		Project name:	Sage LLC
Cross street/directions to job sit	te:		
Subdivision:		Lot no.:	
Tax map/parcel no.:			
	DESCRIPTION O	F WORK	
Installing boiler			
	WNER		TENANT
Name: Sage LLC			
Address: 16505 NW Bet	thany CT	···	
city/State/ZIP: Beavertor	n OR 97006		
Phone: (503) 660-8003		Fax: (503)	640-1100
E-mail: Ken@sagellc.ne	et	·	
	APPLICA	NT	
Business name: Sage LL0	<u>C</u>		
Contact name: Ken Kave	ny		
Address: 16505 NW Be			
City/State/ZIP: Beaverto	n OR 97006		
Phone: (503) 660-8003		Fax: (503)	640-1100
E-mail: ken@sagellc.n	et		trago esta Constitución de Santono de Santon
	CONTRACTO		
Business name: Northwes	st Thermal Sy	/stems	
Address: PO Box 946			
	a OR 97023		
Phone: (503) 630-8250		<u> </u>	630-8253
E-mail: Kathi@Northw		om	
CCB lic.: 90163 / B99-	2017	City or metro	lic.:

Authorized

Print name: Ken Kaveny

signature:

## RECEIVED

### OFFICE USE ONLY 8/6/2019 Permit No.: B2019-3355 Date Received: Date Issued: CITY OF BEAVERTON Payment Type: **BUILDING DIVISION**

	ill mechanical n Jse Table o	naterials, equip n Page 2 f	or value.
7,200,00) +* Valu	ıe: \$6,700.00	+500	0,00
RESIDENTIAL EQUIPM	ENT / SYSTEM	IS FEES	
For special inform			
Description	Qty.	Ea.	Total
Heating/cooling **For Furnace, select>>	Over 100K BTU		
Furnace, incl. ductwork, vent, and liner **		54.91	
Air conditioner		46.75	
Heat pump 1		61.06	
Duct work, alterations and additions		23.32	
Hydronic piping system		23.32	
Boiler, incl. vent** Select One		0.00	
Gas heaters/unit in-wall, in-duct,		46.75	
suspended, etc. not incl. vent.	-	23.32	
Other:		۲۵٬۵۲	
Other fuel appliances	<u> </u>	23.32	
Water heater		33.39	
Gas fireplace/insert/stove		23.32	1.17
Gas log/log lighter		23.32	
Pool or spa heater, kiln*		33.39	
Wood/pellet stove/insert		33.39	
Wood fireplace		33.39	
Chimney/liner/flue/vent w/o appliance	_	23.32	
Oil tanks/gas/diesel generators		23.32	
Other:	<b>_</b>	23.32	
Environmental exhaust and ventilation	on	33.39	
Range hood/other kitchen equipment		33.39	
Clothes dryer exhaust Single-duct exhaust (bathrooms, toilet	<b></b>		
compartments, utility rooms)		23.32	
Attic/crawlspace fans		23.32	
Whole house ventilation or Radon		23.32	,
mitigation	<del> </del>	23.32	
Other:		20.02	<u> </u>
Fuel piping	itional		
\$14.15 for first four; \$4.03 for each add	HOHAL	#/outlets	Total # of
Furnace		#/outlets	fuel piping
Wall/suspended/unit heater	<b>-</b>	#/outlets	outlets:
Water heater		#/outlets	
Fireplace/log lighter/gas log		#/outlets	Total cost fo
Range	-	#/outlets	fuel piping
Barbecue		#/outlets	outlets:
Clothes dryer		#/outlets	
Other:	ECCO	1 modueta	
CALCULATE MECHANICAL PERMIT			roughage ja da ili e t
	Subtotal		<del>-97.6</del>
Minimum p			31.0
Check for Plan Review (25% of pe			11.7
State surcharge (12% of pe	MIT FEE		<del>\$109.3</del>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

t - Site plan required for an outdoor unit.

Date: 08/04/19

2 - Requires approval from Building Codes Division.

05350-BMC-19-00833

52:20PM oling.com

# B2019-4831 Residential Mechanical Authorization To Begin Work

Beaverton, OR 97076

Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

O R E G O NEmail	; cunderwood@	beavertonorego	n.gov
The second section of the second	YPE OF WO		
New Construction		Addition/alte	ration/replacement
CATEGO	RY OF CON	STRUCTION	
1 or 2 family dwelling Mu	ulti-family	Commercial	Accessory
JOB SITE INF	ORMATION	I AND LOCAT	ION
ob Address: 9530 SW CARRIAGE	WAY		
City/State/ZIP: BEAVERTON OR 97	208		
Suite/bldg./apt.no.:			
Project Name: GARDINER			
Cross Street/directions to job site:			
10409CA00	2400		
Tax map/parcel no.: 1S128CA02	CRIPTION	DE WORK	
REPLACE EXISTING GAS FURNAC	SE AND A/C II	NIT	
	APPLICA	INT	
Name: Kelly Wilhite			
Phone: 5035792250	Fa	x: 5036203980	
Email: info@ableheatingandcooling	.com		
	CONTRAC	TOR	
	CCB	lic. no.: 184392	
Business Name: ABLE HEATING 8	COOLING LL	С	
Contact:			
Address: 16285 SW 85TH AVE. SU	JITE 105		
City/State/ZIP: TIGARD OR 972	24		
Phone: 5035792250	F	ax: 5036203980	
Email: info@ableheatingandcooli	ıg.com		
Metro lic. no.:		City lic. no.:	
			it will be e-mailed t

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SCHE			cooling.co
Description	Qty.	Ea.	Total
Heating/Cooling Appliances			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.7
Air Conditioning (Detached Homes Only)	1	\$46.75	\$46.7
Minimum Fees		<del> </del>	
Balance of permit fees			\$4.1
Mechanical Permit Fees	_	<del>. — т</del>	
Subtotal			\$97.6
State surcharge (12% of permit total)			\$11.7
TOTAL PERMIT FEE		\	\$109.
72			

B 2019-4838
Residential Mechanical Authorization To Begin Work

05350-BMC-19-00834

12725 SW Miliken Way
Beaverton, OR 97076
Phone: 503-526-2542
Contemple to the contemplation of the contemplation o

Approval Code: 08516G 11/20/2019 8:13:10AM E-mailed To: mmalstrom@willamettehvac.com

	TYPE OF		
New Construction		X Addition/alt	eration/replacement
CATE	GORY OF C	ONSTRUCTION	
X 1 or 2 family dwelling	Multi-family	☐ Commercial	Accessory
JOB SITE	NFORMAT	ION AND LOCA	TION
Job Address: 7770 SW 136TH	VE		
City/State/ZIP: BEAVERTON OR	97008		
Suite/bldg./apt.no.:			
Project Name: Fernando			
Cross Street/directions to job si	e:		
Tax map/parcel no.: 1S121C	D00101		
D	ESCRIPTIO	N OF WORK	
Add A/C to existing system			
	APPL	ICANT	
Name: Michael Malstrom			
Phone: 5032593200		Fax:	
Email: mmalstrom@willamettehv	rac.com		
	CONTR	ACTOR	
	C	CB lic. no.: 56951	
Business Name: WILLAMETTE	HVAC LLC		
Contact:	-		
Address: 3075 SE CENTURY B	LVD SUITE 20	06	and the second s
City/State/ZIP:, HILLSBORO	OR 97123		
Phone: 5032593200		Fax: 5038482597	
Email: accounting@willamettel	nvac.com		
		City lic. no.:	

		(COM)	Juliacionon	,	point	*****	 0 111411-0	•	
Upon review and app within one business day,	with instruction	s on ho	ow to schedule	your	inspectio	n.			

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SCI	HEDULE		
Description	Qty.	Ea.	Total
Heating/Cooling Appliances			
Air Conditioning (Detached Homes Only)	1	\$46.75	\$46.75
Minimum Fees			
Balance of permit fees			\$50.88
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE	-		\$109.35

City Of Beaverton

B2019-4842

Residential Mechanical Authorization To Begin Work

05350-BMC-19-00835

Approval Code: 04032G 11/20/2019 8:58:01AM F-mailed To: lori@comfortsolutionspdx.com



Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

	TYPE OF WORK
New Construction	Addition/alteration/replacement
	SORY OF CONSTRUCTION
X 1 or 2 family dwelling	Multi-family Commercial Accessory
,	NFORMATION AND LOCATION
Job Address: 18285 SW SALIX	RDG
City/State/ZIP: BEAVERTON OR	97006
Suite/bldg./apt.no.:	
Project Name: J3674-1	
Cross Street/directions to job site	e:
Tax man/parcel no.: 1S106BE	200000
Tax mop. parcor	SCRIPTION OF WORK
Replace furnace	SCRIPTION OF WORK
•	
	APPLICANT
Name: Lori B	APPLICANT
	APPLICANT  Fax: 5036584011
Name: Lori B	Fax: 5036584011
Name: Lori B Phone: 5036982665	Fax: 5036584011
Name: Lori B Phone: 5036982665	Fax: 5036584011
Name: Lori B  Phone: 5036982665  Email: lori@comfortsolutionspdx.c	Fax: 5036584011 com CONTRACTOR
Name: Lori B  Phone: 5036982665  Email: lori@comfortsolutionspdx.c	Fax: 5036584011 com CONTRACTOR CCB lic. no.: 146472
Name: Lori B  Phone: 5036982665  Email: lori@comfortsolutionspdx.c	Fax: 5036584011 com CONTRACTOR CCB lic. no.: 146472
Name: Lori B  Phone: 5036982665  Email: lori@comfortsolutionspdx.c  Business Name: COMFORT SOL  Contact:	Fax: 5036584011  COM  CONTRACTOR  CCB lic. no.: 146472  UTIONS HEATING & COOLING INC
Name: Lori B  Phone: 5036982665  Email: lori@comfortsolutionspdx.c	Fax: 5036584011  COM  CONTRACTOR  CCB lic. no.: 146472  UTIONS HEATING & COOLING INC
Name: Lori B  Phone: 5036982665  Email: lori@comfortsolutionspdx.c	Fax: 5036584011  COM  CONTRACTOR  CCB lic. no.: 146472  UTIONS HEATING & COOLING INC  OR 97015  Fax: 5036584011

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SCHEDULE							
Description	Qty.	Ea.	Total				
Heating/Cooling Appliances							
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75				
Minimum Fees							
Balance of permit fees			\$50.88				
Vechanical Permit Fees							
Subtotal			\$97.63				
State surcharge (12% of permit total)			\$11.72				
TOTAL PERMIT FEE			\$109.35				

82019-4816

## **City Of Beaverton**

Residential Mechanical Authorization To Begin Work 05350-BMC-19-00832

12725 SW Millkan Way
Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

Approval Code: 96706D 11/19/2019 11:02:08AM E-mailed To: randyl@easystreet.net

	TYPE OF WORK
New Construction	X Addition/alteration/replacement
C/	ATEGORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family Commercial Accessory
JOB S	TE INFORMATION AND LOCATION
Job Address: 12505 SW T	IGER LILLY LN
City/State/ZIP: BEAVERTO	N OR 97008
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to j	ob site:
Tax map/parcel no.: 1S	121DA11900
	DESCRIPTION OF WORK
Replace furnace and air co	nditioner
	APPLICANT
Name: Randal Lapp	
[ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	_
Phone: 503-682-1985	Fax: 503-682-1018
Phone: 503-682-1985	
Phone: 503-682-1985	net
Phone: 503-682-1985 Email: randyl@easystreet.	net CONTRACTOR
Phone: 503-682-1985 Email: randyl@easystreet.	net CONTRACTOR CCB lic. no.: 21892
Phone: 503-682-1985  Email: randyl@easystreet.  Business Name: SUPREN	CONTRACTOR  CCB lic. no.: 21892  ME COMFORT HEATING & AIR CONDITIONING INC
Phone: 503-682-1985  Email: randyl@easystreet.  Business Name: SUPREM	CONTRACTOR  CCB lic. no.: 21892  ME COMFORT HEATING & AIR CONDITIONING INC  MERCE CIR 16
Phone: 503-682-1985  Email: randyl@easystreet.  Business Name: SUPREN  Contact:  Address: 9425 SW COM	CONTRACTOR  CCB lic. no.: 21892  ME COMFORT HEATING & AIR CONDITIONING INC  MERCE CIR 16
Phone: 503-682-1985  Email: randyl@easystreet.  Business Name: SUPREM  Contact:  Address: 9425 SW COMM  City/State/ZIP: , WILSOI	CONTRACTOR  COB lic. no.: 21892  ME COMFORT HEATING & AIR CONDITIONING INC  MERCE CIR 16  NVILLE OR 97070-9614

<u> </u>										188	ha	n-malled	or	faxed
Upon within	review one bus	and Iness	approval day, with i	by nstr	your uctions	local on ho	jurisdiction, w to schedule	your	permit	wiii	ье	8-filanou	٥,	14,,,,,

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total
leating/Cooling Appliances			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75
Heat Pump (Detached Homes Only)	1	\$61.06	\$61.06
Mechanical Permit Fees			
Subtotal			\$107.81
State surcharge (12% of permit total)			\$12.94
TOTAL PERMIT FEE			\$120.75

82019-4809

## Residential Mechanical Authorization To Begin Work

05350-BMC-19-00831

Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

**City Of Beaverton** 

Approval Code: 09870G 11/19/2019 10:48:06AM E-mailed To: jakem@specialtyheating.com

	TYPE OF WORK
New Construction	Addition/alteration/replacement
CATEGO	RY OF CONSTRUCTION
1 or 2 family dwelling	ulti-family Commercial Accessory
JOB SITE INF	ORMATION AND LOCATION
Job Address: 7080 SW HYLAND W	/AY
City/State/ZIP: BEAVERTON OR 97	008
Suite/bldg./apt.no.:	
Project Name: Hill Residence	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S121DB13	500
DES	CRIPTION OF WORK
Install replacement Furnace	
	APPLICANT
Name: Jake Martinez	
Phone: 5036205643	Fax: 5035980718
Email: jakem@specialtyheating.com	
and a second second second second	CONTRACTOR
	CCB lic. no.: 224977
Business Name: SPECIALTY HEAT	ING & COOLING LLC
Contact:	
Address: 7500 SW TED CENTES D	R #130
City/State/ZIP:, TIGARD OR 9722	3
Phone: 5036205643	Fax:
Email: cory@specialtyheating.com	
Metro lic. no.:	City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days If a permit is not obtained.

Description	Qty.	Ea.	Total
Heating/Cooling Appliances			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75
Minimum Fees			
Balance of permit fees			\$50,88
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109,35

132019-4808

#### City Of Beaverton

## Residential Mechanical Authorization To Begin Work

05350-BMC-19-00830

Beaverton, OR 97076

Beaverton, OR 97076

Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Approval Code: 02208G 11/19/2019 10:11:14AM E-mailed To: diane@tricountytemp.com

	TYPE OF WORK
New Construction	
C	ATEGORY OF CONSTRUCTION
X 1 or 2 family dwelling	☐ Multi-family ☐ Commercial ☐ Accessory
JOB	SITE INFORMATION AND LOCATION
Job Address: 10405 SW	DENNEY RD
City/State/ZIP: BEAVERTO	DN OR 97008
Suite/bldg./apt.no.: 55	
Project Name: HEINEMAN	
Cross Street/directions to	job site:
Tax map/parcel no.: 19	S123BC03800
	DESCRIPTION OF WORK
Name: Diane Mason	APPLICANT
	Fax: 503-557-0919
Phone: 503-557-2220	
Email: diane@tricountytem	CONTRACTOR
	CCB lic. no.: 72623
Business Name: TRI COU	
	NTY TEWP CONTROL INC
Contact:	
Address: 13150 S CLACK	
City/State/ZIP: , OREGO	N CITY OR 97045-1172
Phone: 5035572220	Fax: 5035570919
Email: sales@tricountyter	пр.сот
Metro lic. no.:	City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

JE59	CHEDULE	T	
Description	Qty.	Ea.	Total
Heating/Cooling Appliances			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75
Minimum Fees			
Balance of permit fees			\$50.88
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

### City Of Beaverton

B2019 - 4800 Residential Mechanical Authorization To Begin Work

05350-BMC-19-00829

Total

Beaverton, OR 97076 Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

Approval Code: 03445G 11/19/2019 9:14:10AM E-mailed To: roy@climatecontrolinc.com

FEE SCHEDULE
Qty. Ea.

	TYPE OF WORK	
New Construction		
C	CATEGORY OF CONSTRUCTION	
X 1 or 2 family dwelling	☐ Multi-family ☐ Commercial ☐ Accessory	
JOBS	SITE INFORMATION AND LOCATION	
Job Address: 9620 SW N	IEW FOREST DR	
City/State/ZIP: BEAVERTO	ON OR 97008	
Suite/bldg./apt.no.:		
Project Name: Landis		
Cross Street/directions to	job site:	
Tax map/parcel no.:	S128DB03300	
Existing gas adequate. Plu		
	APPLICANT	
Name: Roy Harris		
Phone: 5034534822	Fax:	
Email: roy@climatecontrol	linc.com	
	CONTRACTOR	
	CCB lic. no.: 224977	
Business Name: SPECIA	LTY HEATING & COOLING LLC	
Contact:		
Address: 7500 SW TED 0	CENTES DR #130	
City/State/ZIP: , TIGARD	O OR 97223	
Phone: 5036205643	Fax:	
Email: cory@specialtyhe	eating.com	
Motro lic no :	City lic. no.:	

Unon	review	and	approval	by	your	local	jurisdiction,	your	permit	will	be	e-mailed	or	faxed
within	one bus	iness	day, with i	nstru	ctions	on ho	w to schedule	your l	nspectio	n.				

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total
Heating/Cooling Appliances			
Vent for appliance other than furnace	1	\$33,39	\$33.39
Other Fuel Burning Appliances			
Water heater	1	\$23.32	\$23.32
Minimum Fees			
Balance of permit fees			\$40.92
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

## Residential Mechanical Authorization To Begin Work

05350-BMC-19-00828

**City Of Beaverton** Beaverton, OR 97076
Phone: 503-526-2542

\*\*Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

Approval Code: 909182 11/19/2019 7:28:11AM E-mailed To: fharmon@sunsethc.com

	TYPE OF WORK
New Construction	X Addition/alteration/replacement
CA	TEGORY OF CONSTRUCTION
1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SI	TE INFORMATION AND LOCATION
Job Address: 15865 SW BC	DBWHITE CIR
City/State/ZIP: BEAVERTON	OR 97007
Suite/bldg./apt.no.:	
Project Name: BECKLEY/193	9447FH
Cross Street/directions to jo	b site:
Tax map/parcel no.: 1S1	32DB06700
	DESCRIPTION OF WORK
REPLACE GAS FURNACE	AND AIR CONDITIONER
	APPLICANT
Name: Fran Harmon	
Phone: 5039436403	Fax:
Email: fharmon@sunsethc.c	com
	CONTRACTOR
	CCB lic. no.: 161085
Business Name: SUNSET I	HEATING & COOLING INC
Contact:	
	•
Address: 17985 ST CLAIR	DR
Address: 17985 ST CLAIR City/State/ZIP: LAKE OS	
City/State/ZiP: , LAKE OS	WEGO OR 97034  Fax: 5032340611

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SCI	HEDULE		100
Description	Qty.	Ea.	Total
leating/Cooling Appliances			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75
Air Conditioning (Detached Homes Only)	1	\$46.75	\$46.75
Minimum Fees			
Balance of permit fees	Ī		\$4.13
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

Ea.

\$46,75

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

#### **City Of Beaverton**

Residential Mechanical Authorization To Begin Work 05350-BMC-19-00827

FEE SCHEDULE

Beaverton, OR 97076 Phone: 503-526-2542

12725 SW Milikan Way

Email: cunderwood@beavertonoregon.gov

Approval Code: 02789G 11/18/2019 1:29:03PM E-mailed To: diane@tricountytemp.com

Qty.

1

TYPE	OF WORK	FE
New Construction	X Addition/alteration/replac	ement Description
CATEGORY O	CONSTRUCTION	Heating/Cooling Appliances
X 1 or 2 family dwelling Multi-fam	ly Commercial Acces	
JOB SITE INFORM	ATION AND LOCATION	Minimum Fees
Job Address: 655 NW PERSIMMON PL		Balance of permit fees
City/State/ZIP: BEAVERTON OR 97006		Mechanical Permit Fees  Subtotal
		State surcharge (12% of permit
Suite/bldg./apt.no.:		total)
Project Name: TOWNSEND		TOTAL PERMIT FEE
Cross Street/directions to job site:		
Tax map/parcel no.: 1N131DA07300		
DESCRIPT	ION OF WORK	
REPLACE GAS FURNACE		
APF	LICANT	
Name: Diane Mason		
Phone: 503-557-2220	Fax: 503-557-0919	
Email: diane@tricountytemp.com		
CON	RACTOR	
	CCB lic. no.: 72623	
Business Name: TRI COUNTY TEMP CONT	ROL INC	action and the control of the contro
Contact:		
Address: 13150 S CLACKAMAS RIVER DR		
City/State/ZIP: , OREGON CITY OR 97045	-1172	
Phone: 5035572220	Fax: 5035570919	
Email: sales@tricountytemp.com		
Metro lic. no.:	City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

#### **City Of Beaverton**

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00826

Beaverton, OR 97076
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

Approval Code: 418184 11/18/2019 12:48:52PM E-mailed To: permits@wolfersheating.com

	TYPE OF WORK
New Construction	Addition/alteration/replacement
	EGORY OF CONSTRUCTION
X 1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SIT	E INFORMATION AND LOCATION
Job Address: 5225 SW CHE	RRY AVE
City/State/ZIP: BEAVERTON	OR 97005
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job	site:
1 Ott Halle lean and the	4CA06500
	DESCRIPTION OF WORK
Installing Gas Furnace & Air C	onditioner
	APPLICANT
Name: Kristi Loschiavo	
Phone: 5032201901	Fax:
Email: permits@wolfersheating	g.com
	CONTRACTOR
	CCB lic. no.: 1911
Business Name: WOLFERS I	NC
Contact:	
Address: 1365 N FRONT ST	
City/State/ZIP: , WOODBUF	RN OR 97071
Phone: 5039814511	Fax: 5039810801
Email: cindyn@wolfersheati	ng.com
Eman. Cindynastonorons	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Description	Qty.	Ea.	Total
leating/Cooling Appliances			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75
Air Conditioning (Detached Homes Only)	1	\$46.75	\$46.75
Minimum Fees			
Balance of permit fees			\$4.13
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

**City Of Beaverton** 

Residential Mechanical Authorization To Begin Work

05350-BMC-19-00825

Approval Code: 09561G 11/18/2019 10:13:19AM E-mailed To: orders-retail-or@firesidedist.com

# Beaverton, OR 97076 Beaverton Phone: 503-526-2542 Email: cunderwood@beavertonoregon.gov

	TYPE OF WORK
New Construction	X Addition/alteration/replacement
CATEG	ORY OF CONSTRUCTION
X 1 or 2 family dwelling	Multi-family Commercial Accessory
JOB SITE IN	IFORMATION AND LOCATION
Job Address: 8175 SW CONNEM	ARA TER
City/State/ZIP: BEAVERTON OR 9	7008
Suite/bldg./apt.no.:	
Project Name:	
Cross Street/directions to job site:	
Tax map/parcel no.: 1S128AAC	
extend gas line and install gas inse	SCRIPTION OF WORK
exterio gas are and motor gas most	•
Name: Arny Butterfield	APPLICANT
•	
Phone: 5036848535	Fax: 5036205699
Email: orders-retall-or@firesidedist	
	CONTRACTOR
	CCB lic. no.: 201593
Business Name: FIRESIDE CONT	RACTING SERVICES LLC
Contact:	
Address: 18389 SW BOONES FEF	RRY RD
City/State/ZIP: , PORTLAND OR	97224
Phone: 5036848535	Fax: 5036205699
Email: orders-or@firesidedist.con	n
Metro lic. no.:	City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

FEE SC	HEDULE		
Description	Qty.	Ea.	Total
Gas Fuel Piping		- 10 CT	
Gas Piping - first four	1	\$14.15	\$14.15
Other Fuel Burning Appliances			
Gas or wood fireplace/insert	1	\$33.39	\$33.39
Minimum Fees			des segs a
Balance of permit fees			\$50.09
Mechanical Permit Fees			5 6 5 6
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

#### **City Of Beaverton**

12725 SW Milikan Way Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00824

Approval Code: 815132 11/15/2019 4:23:08PM E-mailed To: permits@wolfersheating.com

1

FEE SCHEDULE

Ea.

\$46.75

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

	TYPE OF WORK	FEI
New Construction	Addition/alteration/replacement	Description
GATE	GORY OF CONSTRUCTION	Heating/Cooling Appliances
X 1 or 2 family dwelling	Multi-family Commercial Accessory	Furnace - up to 100,000 BTU
	INFORMATION AND LOCATION	Minimum Fees
Job Address: 12675 SW NIGHT		Balance of permit fees
Job Address: 12075 SW NIGHT	HERONEN	Mechanical Permit Fees
City/State/ZIP: BEAVERTON OF	R 97007	Subtotal
Suite/bldg./apt.no.: 103		State surcharge (12% of permit total)
Project Name:		TOTAL PERMIT FEE
Cross Street/directions to job si	te:	
Tax map/parcel no.: 2S105B	C92114	
D	ESCRIPTION OF WORK	
	APPLICANT	
Name: Kristi Loschiavo		
Phone: 5032201901	Fax:	, <u>.</u>
Email: permits@wolfersheating.c	om	
	CONTRACTOR	
	CCB lic. no.: 1911	
Business Name: WOLFERS INC		
Contact:		
Address: 1365 N FRONT ST		
City/State/ZIP:, WOODBURN	OR 97071	
Phone: 5039814511	Fax: 5039810801	
Email: cindyn@wolfersheating.	com	
Metro lic. no.:	City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Ea.

\$46.75

#### **City Of Beaverton**

Beaverton, OR 97076
Phone: 503-526-2542
Email: cunderwood@beavertonoregon.gov

## Residential Mechanical Authorization To Begin Work

**FEE SCHEDULE** 

Description

Subtotal

total)

Heating/Cooling Appliances
Furnace - up to 100,000 BTU

Mechanical Permit Fees

State surcharge (12% of permit

Minimum Fees

Balance of permit fees

TOTAL PERMIT FEE

05350-BMC-19-00823

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

Approval Code: 08388G 11/15/2019 3:51:33PM E-mailed To: jakem@specialtyheating.com

Qty.

1

	TYPE OF WORK
☐ New Construction	Addition/alteration/replacement
C	CATEGORY OF CONSTRUCTION
X 1 or 2 family dwelling	☐ Multi-family ☐ Commercial ☐ Accessory
JOB S	SITE INFORMATION AND LOCATION
Job Address: 8535 SW G	BAYLE LN
City/State/ZIP: BEAVERTO	ON OR 97225
Suite/bldg./apt.no.;	
Project Name: Tan Resider	nce
Cross Street/directions to	job site:
Tax map/parcel no.: 15	S111AA00800
	DESCRIPTION OF WORK
Name: Jake Martinez	APPLICANT
Maine: Jake Manniez	
Phone: 5036205643	Fax: 5035980718
Email: jakem@specialtyhea	
	CONTRACTOR
	CCB lic. no.: 224977
Business Name: SPECIAL	TY HEATING & COOLING LLC
Contact:	
Address: 7500 SW TED CI	ENTES DR #130
City/State/ZIP: , TIGARD	OR 97223
Phone: 5036205643	Fax:
Email: cory@specialtyhea	ting.com
Metro lic. no.:	City lic. no.:

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Ea.

\$46.75

#### City Of Beaverton

12725 SW Milikan Way Beaverton, OR 97076 'ton<sub>Phone: 503-526-2542</sub> Email: cunderwood@beavertonoregon.gov

## Residential Mechanical Authorization To Begin Work

**FEE SCHEDULE** 

Description

Minimum Fees

Subtotal

total)

Balance of permit fees Mechanical Permit Fees

TOTAL PERMIT FEE

Heating/Cooling Appliances Furnace - up to 100,000 BTU

State surcharge (12% of permit

05350-BMC-19-00822

Total

\$46.75

\$50.88

\$97.63

\$11.72

\$109.35

Approval Code: 04967G 11/15/2019 3:48:32PM E-mailed To: CLEANAIRACTINC@cleanairact.net

Qty.

1

	TYPE OF	WORK	
☐ New Construction		Addition/alte	eration/replacement
C.	ATEGORY OF C	ONSTRUCTION	
X 1 or 2 family dwelling	Multi-family	Commercial	Accessory
JOB S	ITE INFORMAT	ION AND LOCA	rion
Job Address: 9625 SW NE	EW FOREST DR		
City/State/ZIP: BEAVERTO	N OR 97008		
Suite/bldg./apt.no.:			
Project Name:			
Cross Street/directions to j	ob site:		
Tax map/parcel no.: 1S	128DB06800		
	DESCRIPTIO	N OF WORK	
replacement of furnace	APPLI	CANT	
Name: Roger Brown			
Phone: 5036321563		Fax: 0000000000	
Email: CLEANAIRACTINC@	cleanairact.net		
C42, 35,0545	CONTRA	ACTOR	
	cc	CB lic. no.: 144650	
Business Name: CLEAN Al	R ACT INC		
Contact:			
Address: 16582 S CARUS I			
City/State/ZIP: , BEAVERO	CREEK OR 97004		
Phone: 5036321563		Fax: 5036327158	
Email: cleanalract@cleanal	ract.net		
Metro lic. no.:		City lic. no.:	

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

#### **City Of Beaverton**

Beaverton, OR 97076
Phone: 503-526-2542

Email: cunderwood@beavertonoregon.gov

12725 SW Milikan Way

## Residential Mechanical Authorization To Begin Work

05350-BMC-19-00820

Approval Code: 08705G 11/15/2019 11:43:08AM E-mailed To: roy@climatecontrolinc.com

Description	Qty.	Ea.	Total
Heating/Cooling Appliances			
Furnace - up to 100,000 BTU	1	\$46.75	\$46.75
Minimum Fees			
Balance of permit fees			\$50.88
Mechanical Permit Fees			
Subtotal		<u> </u>	\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109,35

TYPE OF WORK
New Construction
CATEGORY OF CONSTRUCTION
X 1 or 2 family dwelling Multi-family Commercial Accessory
JOB SITE INFORMATION AND LOCATION
Job Address: 6250 SW ALICE LN
City/State/ZIP: BEAVERTON OR 97008
Suite/bldg./apt.no.:
Project Name: Mucken
Cross Street/directions to job site:
Tax map/parcel no.: 1S122BA02300
DESCRIPTION OF WORK
Replace furnace
APPLICANT'
Name: Roy Harris
Phone: 5034534822 Fax:
Email: roy@climatecontrolinc.com
CONTRACTOR
CCB lic. no.: 224977
Business Name: SPECIALTY HEATING & COOLING LLC
Contact:
Address: 7500 SW TED CENTES DR #130
City/State/ZIP: , TIGARD OR 97223
Phone: 5036205643 Fax:
Email: cory@specialtyheating.com
Metro lic. no.: City lic. no.;

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Total

#### **City Of Beaverton**

Beaverton B

12725 SW Milikan Way Beaverton, OR 97076 Phone: 503-526-2542

NEmail: cunderwood@beavertonoregon.gov

## Residential Mechanical Authorization To Begin Work 05350-BMC-19-00821

Approval Code: 027621 11/15/2019 1:31:41PM E-mailed To: office.alphaenergysavers@gmail.com

	TYPE OF	WORK		
New Construction		X Addition/alte	eration/replacement	Description
CAT	EGORY OF C	ONSTRUCTION		Environme
1 or 2 family dwelling	Multi-family	Commercial	Accessory	Single-duct toilet compa
JOB SIT	E INFORMATI	ON AND LOCAT	TION	Minimum F
Job Address: 13155 SW JUA	NITA PL			Balance of p
City/State/ZIP: BEAVERTON	OR 97008			Mechanical
Suite/bldg./apt.no.:				Subtotal State surcha
Project Name: Kaufman			<u> </u>	total)
Cross Street/directions to job	site:			TOTAL PER
Tax map/parcel no.: 1S12	8AB03400			1
	DESCRIPTION	OF WORK		
	APPLIC	ANT		
Name: Salvador Santos				
Phone: 5032396520		Fax:		
Email: office.alphaenergysaver	s@gmail.com	iiiii		1
	CONTRA	CTOR	h garara see ta	
	cc	B lic. no.: 34972		
Business Name: ALPHA ENER	RGY SAVERS INC	, 		
Contact:				]
Address: 14620 SE 172ND AV	Æ			]
City/State/ZIP: , CLACKAMAS	S OR 97015		***************************************	]
Phone: 5032396520		Fax:		
Email: alphaenergysavers@gr	nail.com			1

Upon review and approval by your local jurisdiction, your permit will be e-mailed or faxed within one business day, with instructions on how to schedule your inspection.

City IIc. no.:

NOTE: This Authorization To Begin Work expires within 180 days if a permit is not obtained.

Metro lic. no.:

The local building department may determine that an Authorization To Begin Work is null and void if it does not meet applicable land use laws and local ordinances.

Environmental Exhaust and Ventilat	ion		
Single-duct exhaust (bathrooms, toilet compartments, utility rooms)	1	\$23.32	\$23.32
Minimum Fees			
Balance of permit fees			\$74.31
Mechanical Permit Fees			
Subtotal			\$97.63
State surcharge (12% of permit total)			\$11.72
TOTAL PERMIT FEE			\$109.35

**FEE SCHEDULE** 



Print name: Patrick Kirby

#### Mechanical Permit Application

City of Beavarton Community Development Building Division 12725 SW Millikan Way PO Box 4755, Beaverton, OR 97076 Phone: (503) 526-2403 Fax: (503) 526-2550 www.BeavertonOregon.gov

TYPE OF WORK							
☐ New construction ☐ Addition/pitteration/replacement ☐ Other, Specify:							
CATEGORY OF CONSTRUCTION							
1- and 2-family dwelling Multi-family	☐ Commercial/Industrial ☐ Accessory building ☐ Other, Specify:						
JOB STE	INFORMATION AND LOCATION						
Job site address: 2785 SW Cedar Hills Blvd							
City/State/ZIP: Beaverton, OR 97005							
Suite/bldg./apt. no.:	Project name: Fidelity TI						
Cross street/directions to Job site:							
Cross street: SW Jenkin	s Rd						
`							
Subdivision:	Lol no.:						
Tax map/parcel no.;							
	ESCRIPTION OF WORK						
work will include new lol	an existing tenant building. Scope of oby, offices, conference rooms, pantry,						
☐ PROPERTY OWN							
Name: Fidelity Real Esta	te Company, LLC						
Address: 245 Summer St	reet						
city/state/ZIP: Boston, Ma	ssachusetts 02111						
Phone:	Fax;						
E-mail:							
	APPLICANT						
Business name: Andersen Construction Company LLC							
Contact name: Patrick Kirb	у						
Address: 5601 6th Avenue South, Suite 550							
City/State/ZIP: Seattle, W/	N 98108						
Phone: (206) 518-1087	Fax: (206) 762-6710						
E-mail: pkirby@anderser	n-const.com						
CONTRACTOR							
Business namo: TBD	VAC INC						
Address: 5188 SE INT LAAM							
Cliy/State/ZIP: MIMAUKUL DR ATTT							
Phone: 503 402 4877 Fax: 800 4676555							
E-mail: 1DMYDDVVRCYNCXVVVVV							
CCB 16: 50897	Oily or matro lic.:						
Authorized signature:	nt						

Date Received 8/13/2019 Permit No.: B2019-3465
Date Issued: BEAVERTON Payment Type:

DI WIENNO DI WOLON	å almoni	1 ypo		
BUILDING DIVISION COMMERCIAL FEE SCHE	DULE -	USE	CHECKLIST	
Mechanical permit fees are based on the value (rounded to the nearest dollar) of a overhead, and profit.	d mechan	rical m	ork performed naterials, equi ri Page 2 i	pment, labor,
	ie: \$ 12,9			7, 120,000
RESIDENTIAL EQUIPM				garani, ege
For special information	Qiy.		Ea.	Total
Heating/cooling **Far Furnace, select>>				
Furnace, Incl. ductwork, vent, and liner	1	Т	54.91	
Air conditioner			46.75	
Heat pump 1			61.06	
Duct work, alterations and additions	<u> </u>		23,32	
Hydronic ploing system	l		23.32	·*····
Boller, incl. vent** Select One			0.00	
Gas heaters/unit in-wall, in-duct,			46.75	······································
suspended, etc. not incl. vent.	<del> </del>			
Other:	L		23.32	
Other fuel appliances	<del></del>		00.00	
Water heater	<del> </del>		23.32	
Gas fireplace/insert/stove	ļ		33.39	
Gas log/log lighter	<u> </u>		23.32	
Pool or spa heater, klín*			23,32	
Wood/pallet stove/insert	<del> </del>		33.39	
Wood fireplace	<del> </del>		33.39 33.39	
Chimney/liner/live/vent w/o appliance	ļ			
Oil tanks/gas/diesel generators			23.32	
Other:	<u>l</u> .	l	23.32	]
Environmental exhaust and ventilation	n I	i	00.00	
Range hood/ather kitchen equipment	<del> </del>		33,39	
Clothes dryer exhaust Single-duct exhaust (ball-rooms, tollet	<del> </del>		33.39	
compartments, utility rooms)			23.32	
Attlc/crawlspace fans	1		23,32	
Whole house ventilation or Radon			23.32	
miligation Other:	+	-	23.32	<u></u>
	<u> </u>		40,04	<u> </u>
Fuel piping \$14.15 for first four; \$4.03 for each addl	tlonal			<del></del>
Furnace	UVI FEAT	<b>-</b>	#/outlets	Total # of
Wall/suspended/unit healer	1		#/outlets	fuel piping
Water heater	1	$\neg$	fi/oultets	outlets:
Fireplace/log lighter/gas log	1	$\neg$	#/oullets	
Range	1		#/outlets	
Barbecue	1		Houtlets	Total cost for fuel piping
Clothes dryer			#/outlets	outlots:
Other:	1		#/outlets	<del></del>
CALCULATE MEGHANICAL PERMIT F	EES			
<u> </u>	ubtotal	x:	<u>, and an arthur de contract</u>	
Minimum pa				97,63
Check for Plan Review (25% of permit fee)		<del>                                     </del>		23.03
State surcharge (12% of permit fee)		<u> </u>	11.72	
TOTAL PERM				\$132.38

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

1 - the plan required for an outcoor unit.

Date: 08/13/19

2 - Requires approved from Building Codes Division.